

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

1625 L Street NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00011114

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
09 01 2012

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2012

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

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer

LAURA REYES

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 24 2012

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

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">5966055.18</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">5542335.47</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">4248559.07</span>	<span style="border: 1px solid black; padding: 2px;">10109023.17</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">9790894.54</span>	<span style="border: 1px solid black; padding: 2px;">16075078.35</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">4745260.15</span>	<span style="border: 1px solid black; padding: 2px;">11029443.96</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">5045634.39</span>	<span style="border: 1px solid black; padding: 2px;">5045634.39</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">3500000.00</span>	



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

## For further information contact:

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

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

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 09 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2012
**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).....

63704.44

458974.65

(ii) Unitemized .....

623587.84

5625584.54

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

687292.28

6084559.19

(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) .....

687292.28

6084559.19

## 12. Transfers From Affiliated/Other

Party Committees.....

52968.48

495061.38

## 13. All Loans Received .....

3500000.00

3500000.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

7216.09

7216.09

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

5500.00

## 17. Other Federal Receipts

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

1082.22

16686.51

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

4248559.07

10109023.17

## 20. Total Federal Receipts

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

4248559.07

10109023.17

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	-2423564.91	1028276.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	-2423564.91	1028276.64
22. Transfers to Affiliated/Other Party Committees.....	508857.59	1934344.55
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	207000.00	1607000.00
24. Independent Expenditures (use Schedule E) .....	6452967.47	6452967.47
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	6855.30
(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)).....	0.00	6855.30
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4745260.15	11029443.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4745260.15	11029443.96

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	687292.28	6084559.19
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	6855.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	687292.28	6077703.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	-2423564.91	1028276.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	7216.09	7216.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	-2430781.00	1021060.55

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

PAGE 6 OF 628

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEFFREY S. ABBE**

Mailing Address P.O. Box 486

City

Harold

State

KY

Zip Code

41635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1111.26

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

**Transaction ID : SA11AI.270049**

Amount of Each Receipt this Period

63.62

Full Name (Last, First, Middle Initial)

**B. JEFFREY S. ABBE**

Mailing Address P.O. Box 486

City

Harold

State

KY

Zip Code

41635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1174.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

**Transaction ID : SA11AI.270246**

Amount of Each Receipt this Period

63.62

Full Name (Last, First, Middle Initial)

**C. KAREN ABBIATICI**

Mailing Address 4602 W. Barlind

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.58

Date of Receipt

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

**Transaction ID : SA11AI.270458**

Amount of Each Receipt this Period

48.66

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

175.90

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

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

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

FOR LINE NUMBER: PAGE 7 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A. RICHARD ABELSON</b> Full Name (Last, First, Middle Initial) Mailing Address 4315 N. Lake Drive City Shorewood State WI Zip Code 53211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 48 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 826.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.273584</b> Amount of Each Receipt this Period 42.00
<b>B. RICHARD ABELSON</b> Full Name (Last, First, Middle Initial) Mailing Address 4315 N. Lake Drive City Shorewood State WI Zip Code 53211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 48 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270568</b> Amount of Each Receipt this Period 14.00
<b>C. TRACEY ABMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 3136 N. Seminary Avenue City Chicago State IL Zip Code 60657-3309 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation DIRECTOR OF ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 758.76			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272802</b> Amount of Each Receipt this Period 87.72
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			143.72
<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 8 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. CATHYRN ACTON</b></p> <p>Mailing Address 190 W. Ostend Street Suite 101</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 524.88</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272317</b></p> <p>Amount of Each Receipt this Period 58.32</p>
<p>Full Name (Last, First, Middle Initial) <b>B. DAVID ADAM</b></p> <p>Mailing Address 468 Hudson Avenue</p> <p>City Newark State OH Zip Code 43055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272348</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. DAVID ADAM</b></p> <p>Mailing Address 468 Hudson Avenue</p> <p>City Newark State OH Zip Code 43055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272405</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		98.32
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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

 FOR LINE NUMBER: PAGE 9 OF 628  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. TOMMY SUE ADAM</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.273594</b>	
Mailing Address 468 Hudson Avenue City Newark State OH Zip Code 43055		Amount of Each Receipt this Period 9.62	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/NEWARK CS Occupation BUS DRIVER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 355.16	
Full Name (Last, First, Middle Initial) <b>B. THERESA M. ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270705</b>	
Mailing Address 1187 Baby Doll Road SE City Port Orchard State WA Zip Code 98366		Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00	
Full Name (Last, First, Middle Initial) <b>C. THERESA M. ADAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.270999</b>	
Mailing Address 1187 Baby Doll Road SE City Port Orchard State WA Zip Code 98366		Amount of Each Receipt this Period 12.00	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE			
Receipt For: <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)..... ▶		33.62	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. ADIL AHMED**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : SA11AI.272318**

Amount of Each Receipt this Period

42.08

Full Name (Last, First, Middle Initial)

## **B. AUDREY AKI**

Mailing Address 66-370 Paalaa Road

City State Zip Code  
Haleiwa HI 96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11AI.272577**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. GERALD T AKO**

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11AI.272578**

Amount of Each Receipt this Period

25.00

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

92.08

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

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

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

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

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

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. SHANA ALDERTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272082</b>		
Mailing Address 710 Chippewa Square			Amount of Each Receipt this Period 36.21		
City Marquette	State MI	Zip Code 48955			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 809.57			
Full Name (Last, First, Middle Initial) <b>B. SHANA ALDERTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272128</b>		
Mailing Address 710 Chippewa Square			Amount of Each Receipt this Period 36.21		
City Marquette	State MI	Zip Code 48955			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 845.78			
Full Name (Last, First, Middle Initial) <b>C. ADRIENNE ALEXANDER</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272805</b>		
Mailing Address 1423 W 19th Street Apt. 4R			Amount of Each Receipt this Period 55.86		
City Chicago	State IL	Zip Code 60608			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 382.37			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			128.28		
<b>TOTAL</b> This Period (last page this line number only)..... ▶					

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

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

FOR LINE NUMBER: PAGE 14 OF 628  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. SHARON J. ALEXANDER</b></p> <p>Mailing Address 12510 Chalford Lane</p> <p>City State Zip Code Bowie MD 20715</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L EXECUTIVE OFFICE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 663.85</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 14 / 2012  <b>Transaction ID : SA11AI.270050</b> </p> <p>Amount of Each Receipt this Period            39.05         </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. SHARON J. ALEXANDER</b></p> <p>Mailing Address 12510 Chalford Lane</p> <p>City State Zip Code Bowie MD 20715</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L EXECUTIVE OFFICE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 702.90</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 28 / 2012  <b>Transaction ID : SA11AI.270247</b> </p> <p>Amount of Each Receipt this Period            39.05         </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. KENNETH L. ALLEN</b></p> <p>Mailing Address 7935 SW Santolina Place</p> <p>City State Zip Code Beaverton OR 97008-6272</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OR CN 75 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1158.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 28 / 2012  <b>Transaction ID : SA11AI.270569</b> </p> <p>Amount of Each Receipt this Period            14.00         </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>92.10</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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

FOR LINE NUMBER: PAGE 15 OF 628  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KENNETH L. ALLEN**

Mailing Address 7935 SW Santolina Place

City State Zip Code  
Beaverton OR 97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273655

Amount of Each Receipt this Period

129.00

Full Name (Last, First, Middle Initial)

**B. CONNIE G. ALONZO**

Mailing Address 6082 E CR 700S

City State Zip Code  
Plainfield IN 46168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.09

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270051

Amount of Each Receipt this Period

19.38

Full Name (Last, First, Middle Initial)

**C. CONNIE G. ALONZO**

Mailing Address 6082 E CR 700S

City State Zip Code  
Plainfield IN 46168

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.47

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270248

Amount of Each Receipt this Period

19.38

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

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

167.76

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BRENDA AMUNDSON-WOJTON**

Mailing Address 165 West Ridge Pike

City

Limerick

State

PA

Zip Code

19468

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

266.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.272954

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. BARBARA ANDERSON**

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

514.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270460

Amount of Each Receipt this Period

57.58

Full Name (Last, First, Middle Initial)

**C. CAROL A ANDERSON**

Mailing Address 303 Dias Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

892.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270052

Amount of Each Receipt this Period

52.50

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

140.08

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



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

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

FOR LINE NUMBER: PAGE 17 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CAROL A ANDERSON**

Mailing Address 303 Dias Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270249

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

**B. EARLENE ANDERSON**

Mailing Address 2396 Highway 22 W

City

Muscatine

State

IA

Zip Code

52761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

CLERK

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272528

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL ANDREJCO**

Mailing Address 5075 Pajabon Drive  
#201

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270461

Amount of Each Receipt this Period

73.16

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

175.66

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KEITH J. ANGEL**

Mailing Address 2711 Hafton Road

City State Zip Code  
Columbus OH 43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271320

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. KEITH J. ANGEL**

Mailing Address 2711 Hafton Road

City State Zip Code  
Columbus OH 43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271678

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. JOHN C. ANTHONY**

Mailing Address 2591 Bryton Drive

City State Zip Code  
Powell OH 43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

NETWORK SERVICES TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271323

Amount of Each Receipt this Period

12.00

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

36.00

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

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

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

 FOR LINE NUMBER: PAGE 19 OF 628  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. JOHN C. ANTHONY</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271681</b>		
Mailing Address 2591 Bryton Drive			Amount of Each Receipt this Period 12.00		
City	State	Zip Code			
Powell	OH	43065			
FEC ID number of contributing federal political committee.			C		
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation NETWORK SERVICES TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.00			
Full Name (Last, First, Middle Initial) <b>B. DAVID ANTLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270462</b>		
Mailing Address P.O. Box 1093			Amount of Each Receipt this Period 115.68		
City	State	Zip Code			
Moscow	PA	18444			
FEC ID number of contributing federal political committee.			C		
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1090.41			
Full Name (Last, First, Middle Initial) <b>C. JOHN P. APPELDORN</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271325</b>		
Mailing Address 16889 Mahoning Avenue			Amount of Each Receipt this Period 16.00		
City	State	Zip Code			
Lake Milton	OH	44429			
FEC ID number of contributing federal political committee.			C		
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation MAINTENANCE REPAIR TECH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00			
<b>SUBTOTAL</b> of Receipts This Page (optional).....			143.68		
<b>TOTAL</b> This Period (last page this line number only).....					

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

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

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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JOHN P. APPELDORN</b></p> <p>Mailing Address 16889 Mahoning Avenue</p> <p>City State Zip Code Lake Milton OH 44429</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH MAINTENANCE REPAIR TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 304.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 21 / 2012  <b>Transaction ID : SA11AI.271683</b> </p> <p>Amount of Each Receipt this Period 16.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN R. ARCHER</b></p> <p>Mailing Address 5330 E. Charleston Blvd #82</p> <p>City State Zip Code Las Vegas NV 89142</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 425.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 14 / 2012  <b>Transaction ID : SA11AI.270053</b> </p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN R. ARCHER</b></p> <p>Mailing Address 5330 E. Charleston Blvd #82</p> <p>City State Zip Code Las Vegas NV 89142</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 450.00</p>		<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 28 / 2012  <b>Transaction ID : SA11AI.270250</b> </p> <p>Amount of Each Receipt this Period 25.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		66.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALVA ARELLANO**

Mailing Address 890 Sharps Lot Rd.

City

Swansea

State

MA

Zip Code

02777-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

DIRECTOR OF ORGANIZING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	2

Transaction ID : SA11AI.272177

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. STEPHEN L. ARMSTRONG**

Mailing Address 315 South Locust Avenue

City

New Hampton

State

IA

Zip Code

50659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.272557

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

**C. DARYL AROLA**

Mailing Address 33828 Indiana Drive

City

Grand Rapids

State

MN

Zip Code

55744-5254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.273037

Amount of Each Receipt this Period

39.00

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

102.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 22 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. VANESSA ARPIN</b></p> <p>Mailing Address 3910 237th Place SW</p> <p>City State Zip Code          Brier WA 98036</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME WA CN 28 JOURNEY ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          450.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 11 / 2012  <b>Transaction ID : SA11AI.270601</b></p> <p>Amount of Each Receipt this Period          50.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. GLORIA J. ARSENEAU</b></p> <p>Mailing Address 2602 Chippewa Drive</p> <p>City State Zip Code          Bourbonnais IL 60914</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IL CN 31/STATE OF IL OFFICE COORDINATOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          376.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 01 / 2012  <b>Transaction ID : SA11AI.272676</b></p> <p>Amount of Each Receipt this Period          60.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. MICHAEL L. ARTZ</b></p> <p>Mailing Address 745 Irving Street NW</p> <p>City State Zip Code          Washington DC 20010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L ASSOCIATE GENERAL COUNSEL I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          767.55</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.270054</b></p> <p>Amount of Each Receipt this Period          45.15</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			155.15	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. MICHAEL L. ARTZ</b></p> <p>Mailing Address 745 Irving Street NW</p> <p>City Washington State DC Zip Code 20010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>812.70</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270251</b> </p> <p>Amount of Each Receipt this Period  <b>45.15</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LAURA M. ASKELIN</b></p> <p>Mailing Address 1031 4th Avenue S.E.</p> <p>City Rochester State MN Zip Code 55904</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>484.73</b></p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.272913</b> </p> <p>Amount of Each Receipt this Period  <b>54.44</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. ANNETTE ATKINS</b></p> <p>Mailing Address P.O. Box 2572</p> <p>City Country Club Hills State IL Zip Code 60478</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>340.00</b></p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272679</b> </p> <p>Amount of Each Receipt this Period  <b>60.00</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>159.59</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEBORAH A. BABB**

Mailing Address 6005 East Oakwood Drive

City State Zip Code  
Pleasant Hill IA 50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
SAFETY AND HEALTH CON.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273219

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. DEBORAH A. BABB**

Mailing Address 6005 East Oakwood Drive

City State Zip Code  
Pleasant Hill IA 50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
SAFETY AND HEALTH CON.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273346

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. WENDA J. BACKMAN**

Mailing Address 4807 Center Lane NE

City State Zip Code  
Olympia WA 98516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270602

Amount of Each Receipt this Period

50.00

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

90.00

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



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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PRISCILLA A. BADUA**

Mailing Address P.O. Box 390

City

Hanapepe

State

HI

Zip Code

96716-0390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272581

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. JOE BAESSLER**

Mailing Address 2512 NE 50th

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273657

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**C. KAREN S. BAILEY**

Mailing Address 1277 Circle 182

City

Kitts Hill

State

OH

Zip Code

45645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272350

Amount of Each Receipt this Period

19.24

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

124.24

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KAREN S. BAILEY**

Mailing Address 1277 Circle 182

City

Kitts Hill

State

OH

Zip Code

45645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272407

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. PATRICIA A. BAILEY**

Mailing Address 606 N. Van Buren Street

City

Wilmington

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2012

Transaction ID : SA11AI.272193

Amount of Each Receipt this Period

65.34

Full Name (Last, First, Middle Initial)

**C. KAREN BAKER**

Mailing Address 8335 Banbury Street

City

Cincinnati

State

OH

Zip Code

45216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS EXTERNAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271330

Amount of Each Receipt this Period

12.00

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

96.58

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

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

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

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KAREN BAKER**

Mailing Address 8335 Banbury Street

City

Cincinnati

State

OH

Zip Code

45216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS EXTERNAL AUDITOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271688

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. MARK T. BAKER**

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

429.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272914

Amount of Each Receipt this Period

47.76

Full Name (Last, First, Middle Initial)

**C. ANTHONY L. BAKKEN**

Mailing Address 500 E Parish Street

City

Prairie Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.272244

Amount of Each Receipt this Period

25.00

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

84.76

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 28 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

<b>A. ANTHONY L. BAKKEN</b> Full Name (Last, First, Middle Initial) Mailing Address 500 E Parish Street City State Zip Code Prair Du Chien WI 53821 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.272245</b> Amount of Each Receipt this Period 25.00
<b>B. MATTHEW BALAS</b> Full Name (Last, First, Middle Initial) Mailing Address 307 Adams Street City State Zip Code Freeland PA 18224 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.09			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270463</b> Amount of Each Receipt this Period 47.46
<b>C. SCOTT M. BALDWIN</b> Full Name (Last, First, Middle Initial) Mailing Address 33 Champlain Drive City State Zip Code Springfield IL 62707 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME IL CN 31/STATE OF IL INFORMATION SYSTEMS TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272681</b> Amount of Each Receipt this Period 40.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			112.46
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MATTHEW M. BANAL**

Mailing Address 5424 Olde Vintage Drive

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.272351

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. MATTHEW M. BANAL**

Mailing Address 5424 Olde Vintage Drive

City	State	Zip Code
Hilliard	OH	43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SA11AI.272408

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. ARNETTA S. BANKS**

Mailing Address 1509 Burley Drive

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : SA11AI.272462

Amount of Each Receipt this Period

12.50

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

50.98

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ARNETTA S. BANKS**

Mailing Address 1509 Burley Drive

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272492

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. GINA M. BANKS**

Mailing Address 1911 Overlook Ridge Drive

City State Zip Code  
Columbus OH 43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271331

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. GINA M. BANKS**

Mailing Address 1911 Overlook Ridge Drive

City State Zip Code  
Columbus OH 43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271689

Amount of Each Receipt this Period

15.00

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

42.50

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ELAINE BARBER**

Mailing Address 1826 Forster Street

City

Harrisburg

State

PA

Zip Code

17103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

458.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270464

Amount of Each Receipt this Period

41.72

Full Name (Last, First, Middle Initial)

**B. RONALD E. BARILLAS**

Mailing Address 25 Nursery Lane

City

York

State

PA

Zip Code

17404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STRATEGIC ANALYST III

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

804.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270055

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

**C. RONALD E. BARILLAS**

Mailing Address 25 Nursery Lane

City

York

State

PA

Zip Code

17404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STRATEGIC ANALYST III

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

851.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270252

Amount of Each Receipt this Period

47.31

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

136.34

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. TERRI L. BARNARD</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  357.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012</p> <p><b>Transaction ID : SA11AI.270720</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. TERRI L. BARNARD</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  378.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : SA11AI.271013</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RANDY D BARTON</b></p> <p>Mailing Address 825 SE Cortina Drive</p> <p>City Ankeny State IA Zip Code 50021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  294.51</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012</p> <p><b>Transaction ID : SA11AI.272559</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>62.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. RANDY D BARTON</b></p> <p>Mailing Address 825 SE Cortina Drive</p> <p>City Ankeny State IA Zip Code 50021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>304.92</b></p>			<p>Date of Receipt  <b>09 / 21 / 2012</b>  <b>Transaction ID : SA11AI.273348</b></p> <p>Amount of Each Receipt this Period  <b>10.41</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. NANCY E. BARTTER</b></p> <p>Mailing Address 888 Mililani Street Suite 601</p> <p>City Honolulu State HI Zip Code 96813-2991</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>311.58</b></p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272582</b></p> <p>Amount of Each Receipt this Period  <b>34.62</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. FATIMA A BASTIANELLI</b></p> <p>Mailing Address 5604 Vernon Place</p> <p>City Bethesda State MD Zip Code 20817</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION POLLING ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>650.25</b></p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270056</b></p> <p>Amount of Each Receipt this Period  <b>38.25</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>83.28</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. FATIMA A BASTIANELLI</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270253</b>	
Mailing Address 5604 Vernon Place		Amount of Each Receipt this Period 38.25	
City Bethesda	State MD	Zip Code 20817	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION POLLING ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 688.50		
Full Name (Last, First, Middle Initial) <b>B. LINDA BATES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270057</b>	
Mailing Address 1510 Walnut Street		Amount of Each Receipt this Period 33.76	
City Woodbridge	State VA	Zip Code 22191	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.92		
Full Name (Last, First, Middle Initial) <b>C. LINDA BATES</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270254</b>	
Mailing Address 1510 Walnut Street		Amount of Each Receipt this Period 33.76	
City Woodbridge	State VA	Zip Code 22191	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 599.68		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		105.77	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. PATRICIA BAUER</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>974.11</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270465</b></p> <p>Amount of Each Receipt this Period  <b>98.18</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>B. HENRY BAYER</b></p> <p>Mailing Address 1507 W. Chase Street</p> <p>City Chicago State IL Zip Code 60626-2125</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>1190.72</b></p>		<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272806</b></p> <p>Amount of Each Receipt this Period  <b>120.84</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>C. HENRY BAYER</b></p> <p>Mailing Address 1507 W. Chase Street</p> <p>City Chicago State IL Zip Code 60626-2125</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>1218.72</b></p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270570</b></p> <p>Amount of Each Receipt this Period  <b>28.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><b>247.02</b></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. BRIAN L. BEALLOR</b></p> <p>Mailing Address 3898 Rubythroat Drive</p> <p>City State Zip Code  Gahanna OH 42230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  432.72</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.272353</b></p> <p>Amount of Each Receipt this Period  24.04</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. BRIAN L. BEALLOR</b></p> <p>Mailing Address 3898 Rubythroat Drive</p> <p>City State Zip Code  Gahanna OH 42230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  456.76</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 18 / 2012  <b>Transaction ID : SA11AI.272410</b></p> <p>Amount of Each Receipt this Period  24.04</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. KENT BEAUCHAMP</b></p> <p>Mailing Address 2309 Mariners Point Lane</p> <p>City State Zip Code  Springfield IL 62712</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  669.28</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272807</b></p> <p>Amount of Each Receipt this Period  83.66</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>131.74</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<b>A. MARY KATHLEE BECKMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270723</b> Amount of Each Receipt this Period 25.00
<b>B. MARY KATHLEE BECKMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 370.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271016</b> Amount of Each Receipt this Period 25.00
<b>C. NEIL G. BEDNARCZYK</b> Full Name (Last, First, Middle Initial) Mailing Address 7775 O'neil Road North City Keizer State OR Zip Code 97303 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME OR CN 75 Occupation COUNCIL REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273659</b> Amount of Each Receipt this Period 30.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		80.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MICHAEL BEGATTO**

Mailing Address 301 Hedgerow Lane

City State Zip Code  
 Wilmington DE 19807

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.27

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 12 / 2012

Transaction ID : SA11AI.272194

Amount of Each Receipt this Period

91.48

Full Name (Last, First, Middle Initial)

**B. MARTIN BEIL**

Mailing Address 10363 Hudson Road

City State Zip Code  
 Mazomanie WI 53560-9773

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

919.82

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.272232

Amount of Each Receipt this Period

83.62

Full Name (Last, First, Middle Initial)

**C. NANCY L. BELCHER**

Mailing Address 390 Worthington Road

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2012

Transaction ID : SA11AI.272030

Amount of Each Receipt this Period

40.00

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

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

215.10

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

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NAME OF COMMITTEE (In Full)

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

<b>A. TURNEIKEIO E. BELCHER</b> Full Name (Last, First, Middle Initial) Mailing Address 304 Chatterly Lane City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271690</b> Amount of Each Receipt this Period 11.00
<b>B. JOSEPH BELLA</b> Full Name (Last, First, Middle Initial) Mailing Address 501 W George Street City Arlington Heights State IL Zip Code 60005 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 669.28			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272808</b> Amount of Each Receipt this Period 83.66
<b>C. CHARLES BENN</b> Full Name (Last, First, Middle Initial) Mailing Address 141 Eddington Avenue City Harrisburg State PA Zip Code 17111-3520 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 901.20			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270466</b> Amount of Each Receipt this Period 98.18
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			192.84
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PETER J. BENNER**

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

389.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270442

Amount of Each Receipt this Period

43.30

Full Name (Last, First, Middle Initial)

**B. BRENDA L BENTON**

Mailing Address 4406 E. Mound Street

City

Columbus

State

OH

Zip Code

43227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

431.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270058

Amount of Each Receipt this Period

25.40

Full Name (Last, First, Middle Initial)

**C. BRENDA L BENTON**

Mailing Address 4406 E. Mound Street

City

Columbus

State

OH

Zip Code

43227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

457.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270255

Amount of Each Receipt this Period

25.40

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

94.10

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



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. RICHARD BERG</b></p> <p>Mailing Address 29 N. Wacker Drive  Suite 800</p> <p>City Chicago State IL Zip Code 60606</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  538.24</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272809</b></p> <p>Amount of Each Receipt this Period  67.74</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. STEVEN BERGER</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  457.56</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272320</b></p> <p>Amount of Each Receipt this Period  50.84</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. DANA BERRY</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  247.04</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.272530</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>148.58</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JAMES BESTPITCH</b></p> <p>Mailing Address 11922 Getson Lane</p> <p>City Cumberland State MD Zip Code 21502</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>620.12</b></p>			<p>Date of Receipt  <b>09 / 04 / 2012</b>  <b>Transaction ID : SA11AI.272296</b></p> <p>Amount of Each Receipt this Period  <b>52.72</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. ALFRED L. BIERBRODT JR.</b></p> <p>Mailing Address 307 Huber Street Apt. A</p> <p>City Anamosa State IA Zip Code 52205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>240.00</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.273224</b></p> <p>Amount of Each Receipt this Period  <b>15.00</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. ALFRED L. BIERBRODT JR.</b></p> <p>Mailing Address 307 Huber Street Apt. A</p> <p>City Anamosa State IA Zip Code 52205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>255.00</b></p>			<p>Date of Receipt  <b>09 / 21 / 2012</b>  <b>Transaction ID : SA11AI.273351</b></p> <p>Amount of Each Receipt this Period  <b>15.00</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>82.72</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JEFFREY BIGELOW</b></p> <p>Mailing Address 29 N. Wacker Drive</p> <p>City State Zip Code  Chicago IL 60606</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  669.28</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272810</b></p> <p>Amount of Each Receipt this Period  83.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JEAN BIRTLE</b></p> <p>Mailing Address 4301 Executive Park Drive</p> <p>City State Zip Code  Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  434.58</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270467</b></p> <p>Amount of Each Receipt this Period  48.66</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. CHRISTINE C. BISCHOFF</b></p> <p>Mailing Address 1825 Maple Avenue</p> <p>City State Zip Code  Peekskill NY 10566</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME NY LOC 1000/NYS INST. STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  365.56</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.273509</b></p> <p>Amount of Each Receipt this Period  19.24</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>151.56</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. CHRISTINE C. BISCHOFF</b></p> <p>Mailing Address 1825 Maple Avenue</p> <p>City Peekskill State NY Zip Code 10566</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.80</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 20 / 2012  <b>Transaction ID : SA11AI.273521</b></p> <p>Amount of Each Receipt this Period  19.24</p>
<p>Full Name (Last, First, Middle Initial) <b>B. PAUL BISSEN</b></p> <p>Mailing Address 1906 Bear Court SE</p> <p>City Rochester State MN Zip Code 55904</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 492.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.273049</b></p> <p>Amount of Each Receipt this Period  60.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. CORNELIA BLACK</b></p> <p>Mailing Address 669 E 109th Street</p> <p>City Cleveland State OH Zip Code 44108</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS Occupation BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 212.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273598</b></p> <p>Amount of Each Receipt this Period  12.50</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>91.74</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. KENNETH J. BLAIR</b></p> <p>Mailing Address 15715 62nd Avenue E.</p> <p>City Puyallup State WA Zip Code 98375</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>246.50</b></p>			<p>Date of Receipt  <b>09 / 10 / 2012</b>  <b>Transaction ID : SA11AI.270729</b></p> <p>Amount of Each Receipt this Period  <b>14.50</b></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. KENNETH J. BLAIR</b></p> <p>Mailing Address 15715 62nd Avenue E.</p> <p>City Puyallup State WA Zip Code 98375</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>261.00</b></p>			<p>Date of Receipt  <b>09 / 25 / 2012</b>  <b>Transaction ID : SA11AI.271022</b></p> <p>Amount of Each Receipt this Period  <b>14.50</b></p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. MICHAEL BLAIR</b></p> <p>Mailing Address 8 Beacon Street</p> <p>City Boston State MA Zip Code 02108-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>352.98</b></p>			<p>Date of Receipt  <b>09 / 07 / 2012</b>  <b>Transaction ID : SA11AI.272178</b></p> <p>Amount of Each Receipt this Period  <b>39.22</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>68.22</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. WALTER BLAIR</b></p> <p>Mailing Address 2223 Wintergreen Avenue</p> <p>City State Zip Code  District Heights MD 20747</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L ASSISTANT DIRECTOR, ACCOUNTING</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  758.88</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270059</b></p> <p>Amount of Each Receipt this Period  44.64</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. WALTER BLAIR</b></p> <p>Mailing Address 2223 Wintergreen Avenue</p> <p>City State Zip Code  District Heights MD 20747</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L ASSISTANT DIRECTOR, ACCOUNTING</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  803.52</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270256</b></p> <p>Amount of Each Receipt this Period  44.64</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. KORY BLAKE</b></p> <p>Mailing Address 1410 Bush Street  Suite A</p> <p>City State Zip Code  Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MD CN 67 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  443.87</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 04 / 2012  <b>Transaction ID : SA11AI.272297</b></p> <p>Amount of Each Receipt this Period  52.22</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>141.50</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. JANE ANN BLAKESLEY

Mailing Address 2179 Shoreham Road

City

Upper Arlington

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

733.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272355

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

B. JANE ANN BLAKESLEY

Mailing Address 2179 Shoreham Road

City

Upper Arlington

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272412

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

C. RONALD F. BLATT

Mailing Address 2202 S. Racoon Road  
Apt. 4

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272356

Amount of Each Receipt this Period

19.24

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

96.24

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. RONALD F. BLATT</b></p> <p>Mailing Address 2202 S. Racoon Road  Apt. 4</p> <p>City State Zip Code  Austintown OH 44515</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  365.56</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 18 / 2012  <b>Transaction ID : SA11AI.272413</b></p> <p>Amount of Each Receipt this Period  19.24</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. DAVID BLOEDE</b></p> <p>Mailing Address 7426 Harrison Street</p> <p>City State Zip Code  Forest Park IL 60130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  440.48</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272811</b></p> <p>Amount of Each Receipt this Period  55.06</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. KAREN BLOOMINGDALE</b></p> <p>Mailing Address 4301 Executive Park Drive</p> <p>City State Zip Code  Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  638.96</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270468</b></p> <p>Amount of Each Receipt this Period  71.54</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>145.84</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. EUGENE BOATRIGHT</b></p> <p>Mailing Address 8542 South Bishop</p> <p>City State Zip Code  Chicago IL 60620</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  474.40</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272812</b></p> <p>Amount of Each Receipt this Period  59.30</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. THOMAS J. BOIK</b></p> <p>Mailing Address 300 Hardman Avenue South</p> <p>City State Zip Code  South St. Paul MN 55075</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  361.62</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.272916</b></p> <p>Amount of Each Receipt this Period  40.18</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. KAHIM BOLES</b></p> <p>Mailing Address 1003 S Frazier Street</p> <p>City State Zip Code  Philadelphia PA 19143</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 47/LOCAL 2187 EXECUTIVE BOARD MEMBER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  326.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270571</b></p> <p>Amount of Each Receipt this Period  14.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>113.48</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LYNDA L. BOLIN**

Mailing Address 8 Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.32

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272358

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. LYNDA L. BOLIN**

Mailing Address 8 Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.272415

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. SHAWN P. BOLLER**

Mailing Address 341 Chartwell Street

City

Mount Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271343

Amount of Each Receipt this Period

20.00

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

58.48

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SHAWN P. BOLLER**

Mailing Address 341 Chartwell Street

 City State Zip Code  
 Mount Gilead OH 43338

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271701

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CATHERINE J. BOND**

Mailing Address 48048 Sarahsville Road

 City State Zip Code  
 Caldwell OH 43724

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LIBRARY ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271346

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CATHERINE J. BOND**

Mailing Address 48048 Sarahsville Road

 City State Zip Code  
 Caldwell OH 43724

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LIBRARY ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271704

Amount of Each Receipt this Period

15.00

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

50.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEBRA BOND**

Mailing Address 1295 Mariuon Road

 City  
 Rochester

 State  
 MN

 Zip Code  
 55904-5780

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 AFSCME MN CN 5/STATE OF MN

 Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA11AI.273053**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. SHAKEEM V. BOONE**

Mailing Address 5204 4th Street NW

 City  
 Washington

 State  
 DC

 Zip Code  
 20011

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 AFSCME INT'L

 Occupation  
 STAFF SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

**Transaction ID : SA11AI.270060**

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. SHAKEEM V. BOONE**

Mailing Address 5204 4th Street NW

 City  
 Washington

 State  
 DC

 Zip Code  
 20011

 FEC ID number of contributing  
 federal political committee.

 Name of Employer  
 AFSCME INT'L

 Occupation  
 STAFF SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA11AI.270257**

Amount of Each Receipt this Period

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAUL R. BOOTH**

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3442.21

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270061

Amount of Each Receipt this Period

190.69

Full Name (Last, First, Middle Initial)

**B. PAUL R. BOOTH**

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3632.90

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270258

Amount of Each Receipt this Period

190.69

Full Name (Last, First, Middle Initial)

**C. PAMELA BORDEN**

Mailing Address 5947 Cooper

City

Taylor

State

MI

Zip Code

48180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.68

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272084

Amount of Each Receipt this Period

21.04

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

402.42

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

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAMELA BORDEN**

Mailing Address 5947 Cooper

City	State	Zip Code
Taylor	MI	48180

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11AI.272130

Amount of Each Receipt this Period

21.04

Full Name (Last, First, Middle Initial)

**B. BENJAMIN BORGES-HERNANDEZ**Mailing Address Paseo De Palma Real  
Buzon 185

City	State	Zip Code
Juncos	PR	00777-0000

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270062

Amount of Each Receipt this Period

38.29

Full Name (Last, First, Middle Initial)

**C. BENJAMIN BORGES-HERNANDEZ**Mailing Address Paseo De Palma Real  
Buzon 185

City	State	Zip Code
Juncos	PR	00777-0000

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270259

Amount of Each Receipt this Period

40.41

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

99.74

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

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SHARON K BORTON**

Mailing Address 5359 29th Street NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, HUMAN RESOURCES

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

845.58

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270063

Amount of Each Receipt this Period

49.74

Full Name (Last, First, Middle Initial)

**B. SHARON K BORTON**

Mailing Address 5359 29th Street NW

City

Washington

State

DC

Zip Code

20015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, HUMAN RESOURCES

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

895.32

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270260

Amount of Each Receipt this Period

49.74

Full Name (Last, First, Middle Initial)

**C. CAROL BOTTIGLIER**

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

270.95

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270469

Amount of Each Receipt this Period

48.66

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

148.14

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. CAROL BOWSHIER</b></p> <p>Mailing Address 159 East Main Street</p> <p>City State Zip Code Mt. Sterling OH 43143</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11 OPERATIONS DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 777.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2012 <b>Transaction ID : SA11AI.272034</b></p> <p>Amount of Each Receipt this Period 72.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. MELVIN BRABSON</b></p> <p>Mailing Address 5510 Chalmers</p> <p>City State Zip Code Detroit MI 48213</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.25</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272085</b></p> <p>Amount of Each Receipt this Period 21.97</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. MELVIN BRABSON</b></p> <p>Mailing Address 5510 Chalmers</p> <p>City State Zip Code Detroit MI 48213</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 387.22</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272131</b></p> <p>Amount of Each Receipt this Period 21.97</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>115.94</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANDREA BRACHTER**

Mailing Address 4301 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.11

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270470

Amount of Each Receipt this Period

29.50

Full Name (Last, First, Middle Initial)

**B. MIKE BRADLEY**

Mailing Address 2320 Turner Lane

City State Zip Code  
Bel Air MD 21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272298

Amount of Each Receipt this Period

39.36

Full Name (Last, First, Middle Initial)

**C. TALISHIA R. BRANDAO**

Mailing Address 155 Market Street

City State Zip Code  
Highspire PA 17034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272959

Amount of Each Receipt this Period

75.00

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

143.86

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. NIKKI BRAYMAN</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  228.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012</p> <p><b>Transaction ID : SA11AI.270735</b></p> <p>Amount of Each Receipt this Period  15.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. NIKKI BRAYMAN</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  243.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012</p> <p><b>Transaction ID : SA11AI.271028</b></p> <p>Amount of Each Receipt this Period  15.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. DEBORAH BRENEMAN</b></p> <p>Mailing Address 6610 124th Street SW</p> <p>City Motley State MN Zip Code 56466</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  210.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.273057</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>60.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JERRY M. BRENIZER**

Mailing Address N3267 Opal Road

City

Lake Geneva

State

WI

Zip Code

53147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

324.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.272248

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**B. JERRY M. BRENIZER**

Mailing Address N3267 Opal Road

City

Lake Geneva

State

WI

Zip Code

53147

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.272249

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM BRENNER**

Mailing Address 3300 Old Trail Road

City

York Haven

State

PA

Zip Code

17370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

842.07

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270471

Amount of Each Receipt this Period

91.74

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

127.74

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARIA BRITTON**

Mailing Address 979 Kamm Road

City State Zip Code  
 Springfield IL 62707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.64

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2012

Transaction ID : SA11AI.272813

Amount of Each Receipt this Period

45.08

Full Name (Last, First, Middle Initial)

**B. SELENA BRITTON**

Mailing Address 1410 Bush Street  
 Suite A

City State Zip Code  
 Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.55

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012

Transaction ID : SA11AI.272299

Amount of Each Receipt this Period

24.30

Full Name (Last, First, Middle Initial)

**C. BILL BROCKMILLER**

Mailing Address 1418 10th Street  
 #204

City State Zip Code  
 Lacrosse WI 54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.272250

Amount of Each Receipt this Period

30.00

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

99.38

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BILL BROCKMILLER**

Mailing Address 1418 10th Street  
#204

City State Zip Code  
Lacrosse WI 54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.272251

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. DEBORAH L. BROOKMAN**

Mailing Address 1517 5th Avenue SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LABOR ADVOCATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270603

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. T BILLY BROWN**

Mailing Address 820 S Wright Street

City State Zip Code  
Naperville IL 60565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272814

Amount of Each Receipt this Period

83.66

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

143.66

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. WANDA BROWN</b></p> <p>Mailing Address 17311 NW 46th Avenue</p> <p>City State Zip Code Carol City FL 33055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L LEAD ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 489.72</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270064</b></p> <p>Amount of Each Receipt this Period 33.36</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. WANDA BROWN</b></p> <p>Mailing Address 17311 NW 46th Avenue</p> <p>City State Zip Code Carol City FL 33055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L LEAD ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 523.08</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270261</b></p> <p>Amount of Each Receipt this Period 33.36</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. ALAN BRUBACHER</b></p> <p>Mailing Address 2502 S. 4th Street</p> <p>City State Zip Code Steelton PA 17113</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 MAINTENANCE SUPERVISOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 446.63</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270472</b></p> <p>Amount of Each Receipt this Period 48.66</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>115.38</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JEROME BUCHANAN</b></p> <p>Mailing Address 10833 West 'O' Avenue</p> <p>City State Zip Code  Mattawan MI 49071</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  204.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272086</b></p> <p>Amount of Each Receipt this Period  12.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. JEROME BUCHANAN</b></p> <p>Mailing Address 10833 West 'O' Avenue</p> <p>City State Zip Code  Mattawan MI 49071</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  216.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 17 / 2012  <b>Transaction ID : SA11AI.272132</b></p> <p>Amount of Each Receipt this Period  12.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. ROBERT L. BUCKINGHAM</b></p> <p>Mailing Address 413 1st Street N.E.</p> <p>City State Zip Code  Little Falls MN 56345-2607</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/CN14 BUSINESS REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  216.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.272917</b></p> <p>Amount of Each Receipt this Period  24.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>48.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHAEL BUESING</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 28 / 2012</div> </div> <b>Transaction ID : SA11AI.273059</b> </p>		
<p>Mailing Address 4218 Nancy Place</p>					
City	State	Zip Code			
Shoreview	MN	55126-6412			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME MN CN 5/STATE OF MN		STAFF REPRESENTATIVE			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>432.00</div>			
<p>Full Name (Last, First, Middle Initial)  <b>B. SHANE A. BUMGARNER</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 01 / 2012</div> </div> <b>Transaction ID : SA11AI.272815</b> </p>		
<p>Mailing Address 2619 S. Walnut</p>					
City	State	Zip Code			
Springfield	IL	62704			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME IL CN 31		ASST MIS SPECIALIST			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>406.88</div>			
<p>Full Name (Last, First, Middle Initial)  <b>C. CARTER A BUNDY</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 14 / 2012</div> </div> <b>Transaction ID : SA11AI.270065</b> </p>		
<p>Mailing Address 1968 Otowi Drive</p>					
City	State	Zip Code			
Santa Fe	NM	87505			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME INT'L		POLITICAL ACTION REP. III			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>695.46</div>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div>140.19</div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div></div>		

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. CARTER A BUNDY**

Mailing Address 1968 Otowi Drive

City State Zip Code  
 Santa Fe NM 87505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REP. III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

736.79

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270262

Amount of Each Receipt this Period

41.33

Full Name (Last, First, Middle Initial)

## **B. JUSTIN H. BURCHARD**

Mailing Address 1650 Harvard Street NW  
 Apt #714

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DATA & TARGETING PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.76

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270066

Amount of Each Receipt this Period

37.14

Full Name (Last, First, Middle Initial)

## **C. JUSTIN H. BURCHARD**

Mailing Address 1650 Harvard Street NW  
 Apt #714

City State Zip Code  
 Washington DC 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DATA & TARGETING PROGRAM MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270263

Amount of Each Receipt this Period

37.14

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

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

115.61

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. RICHARD BURKE**

Mailing Address 44 Beard Road

City

New Boston

State

NH

Zip Code

03070-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

LNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.272179

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CAROL L. BURNETT**

Mailing Address 1921 N. Westmoreland Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, ART &amp; GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270067

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

**C. CAROL L. BURNETT**

Mailing Address 1921 N. Westmoreland Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, ART &amp; GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270264

Amount of Each Receipt this Period

52.50

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

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

130.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DOUGLAS R. BURNETT**

Mailing Address 2051 McKenna Blvd.

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

801.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270068

Amount of Each Receipt this Period

47.12

Full Name (Last, First, Middle Initial)

**B. DOUGLAS R. BURNETT**

Mailing Address 2051 McKenna Blvd.

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270265

Amount of Each Receipt this Period

47.12

Full Name (Last, First, Middle Initial)

**C. PEGGY S. BURTON**

Mailing Address 6 Georg Road

City

Petersburg

State

IL

Zip Code

62675

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

DATA PROCESSING TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272691

Amount of Each Receipt this Period

44.96

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

139.20

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. KATHY R. BUTCHER</b></p> <p>Mailing Address 4535 Valleydale Way</p> <p>City State Zip Code  Columbus OH 43231</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  210.96</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012</p> <p><b>Transaction ID : SA11AI.271352</b></p> <p>Amount of Each Receipt this Period  11.72</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. KATHY R. BUTCHER</b></p> <p>Mailing Address 4535 Valleydale Way</p> <p>City State Zip Code  Columbus OH 43231</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 11/STATE OF OH OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  222.68</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012</p> <p><b>Transaction ID : SA11AI.271710</b></p> <p>Amount of Each Receipt this Period  11.72</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. KATHY A. BUTLER</b></p> <p>Mailing Address 308 W 5th  Box 78</p> <p>City State Zip Code  Woodward IA 50276</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  375.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.273230</b></p> <p>Amount of Each Receipt this Period  20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>43.44</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. KATHY A. BUTLER**

Mailing Address 308 W 5th  
Box 78

City State Zip Code  
Woodward IA 50276

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273358

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MATT BUTLER**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272531

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. NICOLE BUTLER**

Mailing Address 3011 29th Avenue NW

City State Zip Code  
Olympia WA 98502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270742

Amount of Each Receipt this Period

22.00

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

72.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. NICOLE BUTLER**

Mailing Address 3011 29th Avenue NW

City Olympia State WA Zip Code 98502

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271035

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

## **B. LORI L. BUTTERFIELD**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270743

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

## **C. LORI L. BUTTERFIELD**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271036

Amount of Each Receipt this Period

12.00

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

46.00

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOY CAGE**

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270745

Amount of Each Receipt this Period

17.50

Full Name (Last, First, Middle Initial)

**B. JOY CAGE**

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271038

Amount of Each Receipt this Period

17.50

Full Name (Last, First, Middle Initial)

**C. SUSAN CAHEN**

Mailing Address 5384 Meadow Wood Blvd.

City

Lyndhurst

State

OH

Zip Code

44124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272359

Amount of Each Receipt this Period

20.00

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

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

55.00



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. SUSAN CAHEN**

Mailing Address 5384 Meadow Wood Blvd.

City State Zip Code  
Lyndhurst OH 44124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272416

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. PAULA J. CAIRA**

Mailing Address 17 Fourteenth Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270070

Amount of Each Receipt this Period

60.50

Full Name (Last, First, Middle Initial)

## **C. PAULA J. CAIRA**

Mailing Address 17 Fourteenth Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1089.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270267

Amount of Each Receipt this Period

60.50

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

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

141.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. NINA M. CALABRIA</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City State Zip Code Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 490.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272360</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. NINA M. CALABRIA</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City State Zip Code Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 ADMINISTRATIVE ASSISTANT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 515.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272417</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. ROBIN CALABRIA</b></p> <p>Mailing Address 2507 Winslow Hill Road</p> <p>City State Zip Code Benezette PA 15821</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 209.37</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270473</b></p> <p>Amount of Each Receipt this Period 31.89</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>81.89</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHAD D. CALDWELL**

Mailing Address 1468 Galway Bend Drive S.

City State Zip Code  
 Pataskala OH 43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272361

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHAD D. CALDWELL**

Mailing Address 1468 Galway Bend Drive S.

City State Zip Code  
 Pataskala OH 43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.272418

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. PAMELA D. CALDWELL**

Mailing Address 1861 Bairsford Drive

City State Zip Code  
 Columbus OH 43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271713

Amount of Each Receipt this Period

11.00

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

61.00

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. ROBERT CALVIN</b></p> <p>Mailing Address 45 Church Road</p> <p>City Mercer State PA Zip Code 16137-5911</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 695.02</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270474</b></p> <p>Amount of Each Receipt this Period  73.16</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JOHN CAMERON</b></p> <p>Mailing Address 205 N. Michigan Avenue Suite 2100</p> <p>City Chicago State IL Zip Code 60601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 633.28</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272816</b></p> <p>Amount of Each Receipt this Period  79.16</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. SUSAN CAMERON</b></p> <p>Mailing Address P.O. Box 32</p> <p>City Manistique State MI Zip Code 49854</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 357.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272087</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>173.32</p>

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. SUSAN CAMERON</b></p> <p>Mailing Address P.O. Box 32</p> <p>City State Zip Code  Manistique MI 49854</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  378.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 17 / 2012  <b>Transaction ID : SA11AI.272133</b></p> <p>Amount of Each Receipt this Period  21.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. TERESA CAMPBELL</b></p> <p>Mailing Address 3709 Morgan Road</p> <p>City State Zip Code  Lake Orion MI 48359</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  357.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272088</b></p> <p>Amount of Each Receipt this Period  21.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. TERESA CAMPBELL</b></p> <p>Mailing Address 3709 Morgan Road</p> <p>City State Zip Code  Lake Orion MI 48359</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  378.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 17 / 2012  <b>Transaction ID : SA11AI.272134</b></p> <p>Amount of Each Receipt this Period  21.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			63.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

<b>A. ULIQUE A. CAMPBELL</b> Full Name (Last, First, Middle Initial) Mailing Address 1633 Berkeley Road City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 407.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271357</b> Amount of Each Receipt this Period 11.00
<b>B. ULIQUE A. CAMPBELL</b> Full Name (Last, First, Middle Initial) Mailing Address 1633 Berkeley Road City Columbus State OH Zip Code 43207 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 418.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271715</b> Amount of Each Receipt this Period 11.00
<b>C. GUY C. CAMPO</b> Full Name (Last, First, Middle Initial) Mailing Address 9972 State Route 309 City Galion State OH Zip Code 44833 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271717</b> Amount of Each Receipt this Period 11.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			33.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JEANA L. CAMPOLO</b></p> <p>Mailing Address 504 E. Burgess Street</p> <p>City State Zip Code          Mount Vernon OH 43050</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          216.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 07 / 2012  <b>Transaction ID : SA11AI.271360</b></p> <p>Amount of Each Receipt this Period          12.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. JEANA L. CAMPOLO</b></p> <p>Mailing Address 504 E. Burgess Street</p> <p>City State Zip Code          Mount Vernon OH 43050</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          228.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 21 / 2012  <b>Transaction ID : SA11AI.271718</b></p> <p>Amount of Each Receipt this Period          12.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. LINDA CANAN-STEPHENS</b></p> <p>Mailing Address 9013 Advantage Court</p> <p>City State Zip Code          Burke VA 22003</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L EXEC. ASSISTANT TO SECRETARY TREAS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1658.67</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.270071</b></p> <p>Amount of Each Receipt this Period          103.13</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			127.13	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. LINDA CANAN-STEPHENS</b></p> <p>Mailing Address 9013 Advantage Court</p> <p>City State Zip Code Burke VA 22003</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L EXEC. ASSISTANT TO SECRETARY TREAS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1761.80</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270268</b></p> <p>Amount of Each Receipt this Period 103.13</p>
<p>Full Name (Last, First, Middle Initial) <b>B. LISA M. CAPONI</b></p> <p>Mailing Address 29 Shadow Drive</p> <p>City State Zip Code Pittsburgh PA 15227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASST. I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.15</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270072</b></p> <p>Amount of Each Receipt this Period 13.87</p>
<p>Full Name (Last, First, Middle Initial) <b>C. LISA M. CAPONI</b></p> <p>Mailing Address 29 Shadow Drive</p> <p>City State Zip Code Pittsburgh PA 15227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASST. I</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 244.02</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270269</b></p> <p>Amount of Each Receipt this Period 13.87</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		130.87
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. RICHARD CAPONI

Mailing Address 4453 Stilley Road

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1090.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270475

Amount of Each Receipt this Period

115.68

Full Name (Last, First, Middle Initial)

B. GINO A. CARBENIA

Mailing Address 4646 Wakeford Street

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1397.03

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270073

Amount of Each Receipt this Period

84.58

Full Name (Last, First, Middle Initial)

C. GINO A. CARBENIA

Mailing Address 4646 Wakeford Street

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1563.09

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270270

Amount of Each Receipt this Period

166.06

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

366.32

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DENISE L. CAREY**

Mailing Address 4069 Brookrun Drive

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271362

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. DENISE L. CAREY**

Mailing Address 4069 Brookrun Drive

City	State	Zip Code
Columbus	OH	43204

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271720

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. JOYCE CARLSON**

Mailing Address 911 Aldine Street

City	State	Zip Code
Saint Paul	MN	55104

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

803.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272918

Amount of Each Receipt this Period

72.28

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

104.28

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JUDY C. CARLSON</b></p> <p>Mailing Address 300 Hardman Avenue South</p> <p>City State Zip Code          South St. Paul MN 55075</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 14 / 2012</span>  <b>Transaction ID : SA11AI.272919</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. SHERI CARNAHAN</b></p> <p>Mailing Address 2007 Emerald Drive</p> <p>City State Zip Code          Davenport IA 52084</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME IA CN 61 WORKFORCE ADVISOR II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">603.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.272532</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">67.00</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. MICHELE CARON</b></p> <p>Mailing Address 5675 135th Street</p> <p>City State Zip Code          Little Falls MN 56345</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation          AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">210.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2012</span>  <b>Transaction ID : SA11AI.273060</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">137.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>	

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ADDO CARPENTER JR.**

Mailing Address 9212A S. Halsted Avenue

City State Zip Code  
Chicago IL 60620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

CHILD SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272693

Amount of Each Receipt this Period

31.23

Full Name (Last, First, Middle Initial)

**B. WILLIAM J. CARRIER**

Mailing Address 731 Mohican Drive

City State Zip Code  
Loveland OH 45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/LOVELAND CS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273600

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. CHAD W. CARTER**

Mailing Address 6653 13th Street NW

City State Zip Code  
Washington DC 20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, MEMBER AND AFFILIATE SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270074

Amount of Each Receipt this Period

11.00

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

63.07

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. CHAD W. CARTER</b></p> <p>Mailing Address 6653 13th Street NW</p> <p>City Washington State DC Zip Code 20012</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, MEMBER AND AFFILIATE SVCS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 378.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270271</b></p> <p>Amount of Each Receipt this Period  11.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JANE M. CARTER</b></p> <p>Mailing Address 315 12th Street NE Apt. 101</p> <p>City Washington State DC Zip Code 20002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, ORGANIZING &amp; FLD SVC</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1318.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270075</b></p> <p>Amount of Each Receipt this Period  78.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JANE M. CARTER</b></p> <p>Mailing Address 315 12th Street NE Apt. 101</p> <p>City Washington State DC Zip Code 20002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, ORGANIZING &amp; FLD SVC</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1396.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270272</b></p> <p>Amount of Each Receipt this Period  78.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>167.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LEROY CARTER**

Mailing Address 2648 Towner Road

City	State	Zip Code
Ann Arbor	MI	48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : SA11AI.272089

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. LEROY CARTER**

Mailing Address 2648 Towner Road

City	State	Zip Code
Ann Arbor	MI	48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2012

Transaction ID : SA11AI.272135

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**C. LESLIE A. CARTER**

Mailing Address 2466 Anna Way

City	State	Zip Code
Elgin	IL	60124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2012

Transaction ID : SA11AI.272817

Amount of Each Receipt this Period

67.74

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

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

125.98

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. ROBERT CASON**

Mailing Address 4301 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

898.81

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270476

Amount of Each Receipt this Period

78.28

Full Name (Last, First, Middle Initial)

## **B. NORMA CASTRO**

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270752

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. NORMA CASTRO**

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271045

Amount of Each Receipt this Period

20.00

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

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

118.28

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. TARA CAUGHEY</b></p> <p>Mailing Address 114 Thompson Street</p> <p>City State Zip Code Dalton PA 18414</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 721.44</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270477</b></p> <p>Amount of Each Receipt this Period 73.16</p>
<p>Full Name (Last, First, Middle Initial) <b>B. EDDIE A. CAUMIANT</b></p> <p>Mailing Address 120 S. Virginia Avenue</p> <p>City State Zip Code Belleville IL 62220</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 669.28</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272818</b></p> <p>Amount of Each Receipt this Period 83.66</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MARK E CAVANAH</b></p> <p>Mailing Address 243 Iroquois Drive</p> <p>City State Zip Code Paducah KY 42001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L LEAD ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 832.06</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270076</b></p> <p>Amount of Each Receipt this Period 50.04</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		206.86
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. MARK E CAVANAH**

Mailing Address 243 Iroquois Drive

City State Zip Code  
Paducah KY 42001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.10

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270273

Amount of Each Receipt this Period

50.04

Full Name (Last, First, Middle Initial)

## **B. ANN-MARIE CAVANAUGH**

Mailing Address 12728 28th Avenue NE

City State Zip Code  
Seattle WA 98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.12

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270606

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

## **C. WILLIAM CHAI**

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272585

Amount of Each Receipt this Period

20.00

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

111.72

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<b>A. STACY CHAMBERLAIN</b> Full Name (Last, First, Middle Initial) Mailing Address 5235 NE 23rd Avenue City Portland State OR Zip Code 97211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273661</b> Amount of Each Receipt this Period 25.00
<b>B. LINDA D. CHAPMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 2576 Renwood Place City Columbus State OH Zip Code 43211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 237.50		Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272463</b> Amount of Each Receipt this Period 12.50
<b>C. LINDA D. CHAPMAN</b> Full Name (Last, First, Middle Initial) Mailing Address 2576 Renwood Place City Columbus State OH Zip Code 43211 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272493</b> Amount of Each Receipt this Period 12.50
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		50.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JEANETTE CHAVEZ**Mailing Address 70 I Street SE  
Apt. 617

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270077

Amount of Each Receipt this Period

37.93

Full Name (Last, First, Middle Initial)

**B. JEANETTE CHAVEZ**Mailing Address 70 I Street SE  
Apt. 617

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270274

Amount of Each Receipt this Period

37.93

Full Name (Last, First, Middle Initial)

**C. KARL E. CHILDRESS**

Mailing Address 1605 E Street SE

City	State	Zip Code
Washington	DC	20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270078

Amount of Each Receipt this Period

49.74

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

125.60

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. KARL E. CHILDRESS</b></p> <p>Mailing Address 1605 E Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>995.03</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270275</b></p> <p>Amount of Each Receipt this Period  <b>49.74</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. NICHELLE CHIVIS</b></p> <p>Mailing Address 4301 Executive Park Drive</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>515.58</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270478</b></p> <p>Amount of Each Receipt this Period  <b>73.16</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. JUDY K CHOW</b></p> <p>Mailing Address 888 Mililani Street Suite 601</p> <p>City Honolulu State HI Zip Code 96813-2991</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>900.00</b></p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272588</b></p> <p>Amount of Each Receipt this Period  <b>100.00</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>222.90</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<b>A. SANFORD CHUN</b> Full Name (Last, First, Middle Initial) Mailing Address 98-1664 Hapaki Street City Aiea State HI Zip Code 96701 FEC ID number of contributing federal political committee. C Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272590</b> Amount of Each Receipt this Period 25.00
<b>B. NICK CIARAMITARO</b> Full Name (Last, First, Middle Initial) Mailing Address 19473 Candlelight Street City Roseville State MI Zip Code 48066 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.25			Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272175</b> Amount of Each Receipt this Period 2.25
<b>C. NICK CIARAMITARO</b> Full Name (Last, First, Middle Initial) Mailing Address 19473 Candlelight Street City Roseville State MI Zip Code 48066 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.50			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272136</b> Amount of Each Receipt this Period 2.25
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			29.50
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MICHAEL CLADWELL**

Mailing Address P.O. Box 628043

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF WI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.272252

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL CLADWELL**

Mailing Address P.O. Box 628043

City State Zip Code  
Middleton WI 53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF WI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2012

Transaction ID : SA11AI.272253

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. CAROLYN CLARK**

Mailing Address 4415 Rolling Pine

City State Zip Code  
West Bloomfield MI 48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272090

Amount of Each Receipt this Period

25.00

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

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

55.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. CAROLYN CLARK</b></p> <p>Mailing Address 4415 Rolling Pine</p> <p>City State Zip Code West Bloomfield MI 48324</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272137</b></p> <p>Amount of Each Receipt this Period 25.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DOROTHEA CLARK</b></p> <p>Mailing Address 360 Brotzman Road</p> <p>City State Zip Code Binghamton NY 13901</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 304.95</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.273511</b></p> <p>Amount of Each Receipt this Period 16.05</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DOROTHEA CLARK</b></p> <p>Mailing Address 360 Brotzman Road</p> <p>City State Zip Code Binghamton NY 13901</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 321.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2012 <b>Transaction ID : SA11AI.273523</b></p> <p>Amount of Each Receipt this Period 16.05</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>57.10</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. FLOYD D. CLARK</b></p> <p>Mailing Address 7219 E 900th Avenue</p> <p>City State Zip Code Robinson IL 62454</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL SUPERVISOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 235.20</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272695</b> </p> <p>Amount of Each Receipt this Period 29.40</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. SHANE CLARK</b></p> <p>Mailing Address 5296 Autumnwood Drive</p> <p>City State Zip Code Cochranton PA 16314</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 370.24</p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270479</b> </p> <p>Amount of Each Receipt this Period 41.72</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. KRISTINA A. CLAYPOOL</b></p> <p>Mailing Address 1921 Dial Court</p> <p>City State Zip Code Springfield IL 62704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL PUBLIC SERVICE ADMIN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 255.00</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272696</b> </p> <p>Amount of Each Receipt this Period 30.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			101.12		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

<b>A. RUSSELL J. CLEMENS</b> Full Name (Last, First, Middle Initial) Mailing Address 116 Cranburne Lane City Willamsville State NY Zip Code 14221 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 786.78			Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272321</b> Amount of Each Receipt this Period 87.42
<b>B. DONALD L. CLINE</b> Full Name (Last, First, Middle Initial) Mailing Address 21 E Hope Place City Shelton State WA Zip Code 98584 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 572.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270759</b> Amount of Each Receipt this Period 30.00
<b>C. DONALD L. CLINE</b> Full Name (Last, First, Middle Initial) Mailing Address 21 E Hope Place City Shelton State WA Zip Code 98584 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 602.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271052</b> Amount of Each Receipt this Period 30.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			147.42
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SHANE CLONTZ**

Mailing Address P.O. Box #8461

City

Springfield

State

IL

Zip Code

62791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

PUBLIC SERVICE ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.20

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272697

Amount of Each Receipt this Period

37.80

Full Name (Last, First, Middle Initial)

**B. KATHERINE A. COAKLEY**

Mailing Address 410 S. Maple Avenue  
#604

City

Falls Church

State

VA

Zip Code

20046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AFFILIATE COMMUNICATION MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.15

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270081

Amount of Each Receipt this Period

45.39

Full Name (Last, First, Middle Initial)

**C. KATHERINE A. COAKLEY**

Mailing Address 410 S. Maple Avenue  
#604

City

Falls Church

State

VA

Zip Code

20046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AFFILIATE COMMUNICATION MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.54

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270278

Amount of Each Receipt this Period

45.39

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

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

128.58

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LINCOLN COHEN**

Mailing Address 4500 E. 6th Street

City	State	Zip Code
Gary	IN	46403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

612.62

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	01	/	2012

**Transaction ID : SA11AI.272819**

Amount of Each Receipt this Period

76.54

Full Name (Last, First, Middle Initial)

**B. AARON J. COLE**

Mailing Address 1520 Brighton Way SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INT'L UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	14	/	2012

**Transaction ID : SA11AI.270082**

Amount of Each Receipt this Period

31.22

Full Name (Last, First, Middle Initial)

**C. AARON J. COLE**

Mailing Address 1520 Brighton Way SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INT'L UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	28	/	2012

**Transaction ID : SA11AI.270279**

Amount of Each Receipt this Period

31.22

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

138.98

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<b>A. KENTON C. COLE</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 882 City Lomax State IA Zip Code 61454 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 670.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272533</b> Amount of Each Receipt this Period 75.00
<b>B. RAMONA COLLINS-SALIM</b> Full Name (Last, First, Middle Initial) Mailing Address 741 Belmont Avenue City Toledo State OH Zip Code 43604 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271731</b> Amount of Each Receipt this Period 11.00
<b>C. KATHERINE COLVIN</b> Full Name (Last, First, Middle Initial) Mailing Address 3198 W 54th Street City Cleveland State OH Zip Code 44102 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 209.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271732</b> Amount of Each Receipt this Period 11.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			97.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)  
for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. TRACEY CONATY**

Mailing Address 3525 Quebec Street NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, NEW MEDIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

952.50

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270083

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

## **B. TRACEY CONATY**

Mailing Address 3525 Quebec Street NW

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, NEW MEDIA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1005.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270280

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

## **C. AMY CONKLIN**

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270763

Amount of Each Receipt this Period

15.00

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

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

120.00

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

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

[illegible]

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 103 OF 628

(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALBERTA K. CONRAD**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
 Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.94

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.273363

Amount of Each Receipt this Period

14.82

Full Name (Last, First, Middle Initial)

**B. BELINDA D. CONRAD**

Mailing Address 3062 Pebble Court

City State Zip Code  
 Maumee OH 43537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4/SYLVANIA

Occupation  
 TEACHER AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.32

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273602

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. MELODY K. CONRAD**

Mailing Address 4020 Basil Western Road

City State Zip Code  
 Baltimore OH 43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 11/STATE OF OH

Occupation  
 TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271377

Amount of Each Receipt this Period

12.00

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

46.06

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

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

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

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MAL J. COREY**

Mailing Address 3416 Frankfort Clarksburg Pike

City State Zip Code  
Frankfort OH 45628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271379

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. MAL J. COREY**

Mailing Address 3416 Frankfort Clarksburg Pike

City State Zip Code  
Frankfort OH 45628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271737

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. SYLVIA Y. COSLOW**

Mailing Address 1931 N 2nd Street

City State Zip Code  
Harrisburg PA 17102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272963

Amount of Each Receipt this Period

30.00

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

54.00

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. BARBARA COUFAL**

Mailing Address 10112 Parkwood Drive

City State Zip Code  
 Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, FED GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.50

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270085

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

## **B. BARBARA COUFAL**

Mailing Address 10112 Parkwood Drive

City State Zip Code  
 Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, FED GOV'T AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1217.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270282

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

## **C. PATRICIA A. COULTER**

Mailing Address 27702 NE 73rd Avenue

City State Zip Code  
 Battle Ground WA 98604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270767

Amount of Each Receipt this Period

20.00

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

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

125.00

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PATRICIA A. COULTER**

Mailing Address 27702 NE 73rd Avenue

City

Battle Ground

State

WA

Zip Code

98604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271060

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER COWEN**

Mailing Address 47 Douglas Street

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.26

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272920

Amount of Each Receipt this Period

71.14

Full Name (Last, First, Middle Initial)

**C. JOSEPH COX**

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272322

Amount of Each Receipt this Period

45.00

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

136.14

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. DICK CROFTER**

Mailing Address 238 S. Oak Park Avenue  
#1F

City State Zip Code  
Oak Park IL 60302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272820

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

## **B. CARLOS CROSS**

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272091

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

## **C. CARLOS CROSS**

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272138

Amount of Each Receipt this Period

29.12

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

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

125.98

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES B. CULLEN</b></p> <p>Mailing Address 1111 Morningside Avenue</p> <p>City State Zip Code Schenectady NY 12309</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>816.42</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 14 / 2012</b></p> <p><b>Transaction ID : SA11AI.270086</b></p> <p>Amount of Each Receipt this Period <b>46.26</b></p>	
<p>Full Name (Last, First, Middle Initial) <b>B. JAMES B. CULLEN</b></p> <p>Mailing Address 1111 Morningside Avenue</p> <p>City State Zip Code Schenectady NY 12309</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>862.68</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 28 / 2012</b></p> <p><b>Transaction ID : SA11AI.270283</b></p> <p>Amount of Each Receipt this Period <b>46.26</b></p>	
<p>Full Name (Last, First, Middle Initial) <b>C. DEBORAH CURRIE</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>575.09</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 11 / 2012</b></p> <p><b>Transaction ID : SA11AI.270480</b></p> <p>Amount of Each Receipt this Period <b>62.56</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>155.08</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SANDRA J CURTIS**

Mailing Address 23243 Gateway Drive

City

Akeley

State

MN

Zip Code

56433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272921

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. TRACY L. CUTRIGHT**

Mailing Address 3009 Denwood Drive

City

Moundsville

State

WV

Zip Code

26041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

396.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271385

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. TRACY L. CUTRIGHT**

Mailing Address 3009 Denwood Drive

City

Moundsville

State

WV

Zip Code

26041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

418.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271743

Amount of Each Receipt this Period

22.00

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

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

74.00

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

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JIM A. DAHLING**

Mailing Address 66983 403rd Avenue

City

Goodhue

State

MN

Zip Code

55027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272217

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. JEFFREY DAINS**

Mailing Address 1743 Carl Street

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272922

Amount of Each Receipt this Period

54.00

Full Name (Last, First, Middle Initial)

**C. WILLIAM DANDO**

Mailing Address 6630 Huntingdon Street

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

ASSOCIATE LEGISLATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1462.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270481

Amount of Each Receipt this Period

196.36

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

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

295.36

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. MARGARET A DANISON</b></p> <p>Mailing Address 5 Heritage Place</p> <p>City State Zip Code Ballston Spa NY 12020</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 215.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270087</b></p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. MARGARET A DANISON</b></p> <p>Mailing Address 5 Heritage Place</p> <p>City State Zip Code Ballston Spa NY 12020</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L FIELD OFFICE ASSISTANT II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270284</b></p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JAMES D. DANNEN</b></p> <p>Mailing Address 12747 Renton Avenue S</p> <p>City State Zip Code Seattle WA 98178</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28 COUNCIL REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 378.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270609</b></p> <p>Amount of Each Receipt this Period 42.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>72.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SEAN DANNEN**

Mailing Address P.O. Box 7472

City	State	Zip Code
Tacoma	WA	98417

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270610

Amount of Each Receipt this Period

44.00

Full Name (Last, First, Middle Initial)

**B. TAWFIK Y DAOUD**

Mailing Address 13304 Clifton Park Circle

City	State	Zip Code
Clifton	VA	20124

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

NETWORK ANALYST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270088

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

**C. TAWFIK Y DAOUD**

Mailing Address 13304 Clifton Park Circle

City	State	Zip Code
Clifton	VA	20124

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

NETWORK ANALYST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270285

Amount of Each Receipt this Period

47.31

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

138.62

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHRISTINE DAUGHERTY**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.86

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270483

Amount of Each Receipt this Period

48.66

Full Name (Last, First, Middle Initial)

**B. KIMBERLY A. DAVANZO**

Mailing Address 4901 New Castle Road

City State Zip Code  
Lowellville OH 44436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.05

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270484

Amount of Each Receipt this Period

36.48

Full Name (Last, First, Middle Initial)

**C. JOE C. DAVENPORT**

Mailing Address 3825 NE 125th Street

City State Zip Code  
Seattle WA 98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/UNIV OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.270648

Amount of Each Receipt this Period

40.00

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

125.14

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JOE C. DAVENPORT</b></p> <p>Mailing Address 3825 NE 125th Street</p> <p>City State Zip Code          Seattle WA 98125</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME WA CN 28/UNIV OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          255.50</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 25 / 2012  <b>Transaction ID : SA11AI.270660</b></p> <p>Amount of Each Receipt this Period          40.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. ABIGAIL K. DAVIS</b></p> <p>Mailing Address 1806 West Rice Street          Apt. 2N</p> <p>City State Zip Code          Chicago IL 60622</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IL CN 31 ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          524.40</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 01 / 2012  <b>Transaction ID : SA11AI.272821</b></p> <p>Amount of Each Receipt this Period          59.30</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. DIANE DAVIS</b></p> <p>Mailing Address 1208 Gertrude Drive</p> <p>City State Zip Code          Champaign IL 61821</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IL CN 31/STATE OF IL SECRETARY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          354.45</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 01 / 2012  <b>Transaction ID : SA11AI.272699</b></p> <p>Amount of Each Receipt this Period          41.70</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			141.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GREGORY N. DAVIS**

Mailing Address 53737 Heineman Road E.

City State Zip Code  
Edwall WA 99008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270611

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JUDITH B. DAVIS**

Mailing Address 2536 Cherry Road

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

PUBLIC SERVICE ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.25

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272700

Amount of Each Receipt this Period

78.75

Full Name (Last, First, Middle Initial)

**C. ROBERT DAVIS**

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272092

Amount of Each Receipt this Period

29.12

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

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

147.87

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERT DAVIS**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11AI.272139

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. JIMMIE L. DAWSON**Mailing Address 35263 S Turtle Trail  
#38B

City	State	Zip Code
Willoughby	OH	44094

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WILLOUGHBY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.273603

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**C. EDGAR DEJESUS**Mailing Address 8 Ralph Street  
First Floor

City	State	Zip Code
Bergenfield	NJ	07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270089

Amount of Each Receipt this Period

51.54

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

101.50

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. EDGAR DEJESUS**

Mailing Address 8 Ralph Street

First Floor

City

Bergenfield

State

NJ

Zip Code

07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

927.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270286

Amount of Each Receipt this Period

51.54

Full Name (Last, First, Middle Initial)

## **B. LACHOND DELANEY**

Mailing Address 1410 Bush Street

Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.48

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272302

Amount of Each Receipt this Period

44.88

Full Name (Last, First, Middle Initial)

## **C. CHERYL DELL'AGLIO**

Mailing Address 125 State Street

City

Nicholson

State

PA

Zip Code

18446

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 ▼

434.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270486

Amount of Each Receipt this Period

48.66

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

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

145.08

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOSEPH DELOREY**

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.272180

Amount of Each Receipt this Period

41.66

Full Name (Last, First, Middle Initial)

**B. MARCINIAK TAMMY DELP**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271072

Amount of Each Receipt this Period

11.50

Full Name (Last, First, Middle Initial)

**C. JAYSON C. DEMAGALL**

Mailing Address 15628 Lakewood Hts Blvd.

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272363

Amount of Each Receipt this Period

20.00

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

73.16

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JAYSON C. DEMAGALL</b></p> <p>Mailing Address 15628 Lakewood Hts Blvd.</p> <p>City State Zip Code Lakewood OH 44107</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272420</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN C. DEMPSEY</b></p> <p>Mailing Address 20235 Watermark Place</p> <p>City State Zip Code Sterling VA 20165</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1701.78</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270090</b></p> <p>Amount of Each Receipt this Period 95.34</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN C. DEMPSEY</b></p> <p>Mailing Address 20235 Watermark Place</p> <p>City State Zip Code Sterling VA 20165</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1797.12</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270287</b></p> <p>Amount of Each Receipt this Period 95.34</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		210.68
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHRISTIE J. DENNIS-SHERRARD**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

**Transaction ID : SA11AI.273241**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHRISTIE J. DENNIS-SHERRARD**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : SA11AI.273370**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. CONSTANCE DERR**

Mailing Address 111 Ranchitos

City State Zip Code  
Corrales NM 87048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

955.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.270091**

Amount of Each Receipt this Period

52.50

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

127.50

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. CONSTANCE DERR**

Mailing Address 111 Ranchitos

City State Zip Code  
 Corrales NM 87048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270288

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

## **B. LEIOMALAMA DESHA**

Mailing Address 1717 Mott Smith Drive  
 #1602

City State Zip Code  
 Honolulu HI 96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

Transaction ID : SA11AI.272591

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. GREG D. DEVEREUX**

Mailing Address 3561 Kamilche Point Road

City State Zip Code  
 Shelton WA 98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270613

Amount of Each Receipt this Period

120.00

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

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

197.50

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. GREG D. DEVEREUX</b></p> <p>Mailing Address 3561 Kamilche Point Road</p> <p>City State Zip Code  Shelton WA 98584</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME WA CN 28 EXECUTIVE DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1206.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270572</b></p> <p>Amount of Each Receipt this Period  14.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. JEFFREY DEXTER</b></p> <p>Mailing Address 501 Dennis Avenue</p> <p>City State Zip Code  Bradley IL 60915</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  541.92</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272822</b></p> <p>Amount of Each Receipt this Period  67.74</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. JASON DIBBLE</b></p> <p>Mailing Address 303 12th Street SE</p> <p>City State Zip Code  Austin MN 55912-4229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1575.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.273075</b></p> <p>Amount of Each Receipt this Period  225.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>306.74</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. BETH A. DIBENEDETTO</b></p> <p>Mailing Address 4110 Factory Road</p> <p>City Albany State OH Zip Code 45710</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>213.16</b></p>			<p>Date of Receipt <b>09 / 11 / 2012</b> <b>Transaction ID : SA11AI.273604</b></p> <p>Amount of Each Receipt this Period <b>9.62</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>B. CRYSTAL M. DI DOMENICO</b></p> <p>Mailing Address 6616 Comet Circle Apt. 314</p> <p>City Springfield State VA Zip Code 22150</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>615.54</b></p>			<p>Date of Receipt <b>09 / 14 / 2012</b> <b>Transaction ID : SA11AI.270092</b></p> <p>Amount of Each Receipt this Period <b>37.14</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>C. CRYSTAL M. DI DOMENICO</b></p> <p>Mailing Address 6616 Comet Circle Apt. 314</p> <p>City Springfield State VA Zip Code 22150</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>652.68</b></p>			<p>Date of Receipt <b>09 / 28 / 2012</b> <b>Transaction ID : SA11AI.270289</b></p> <p>Amount of Each Receipt this Period <b>37.14</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>83.90</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. RACHEL DIETZ**

Mailing Address 1332 Fulton St.

City  
Harrisburg

State Zip Code  
PA 17102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.67

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270487

Amount of Each Receipt this Period

48.66

Full Name (Last, First, Middle Initial)

## **B. JEANETTE DIFLORIO**

Mailing Address 4296 Merriman Loop

City  
Howell

State Zip Code  
MI 48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.93

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272093

Amount of Each Receipt this Period

30.29

Full Name (Last, First, Middle Initial)

## **C. JEANETTE DIFLORIO**

Mailing Address 4296 Merriman Loop

City  
Howell

State Zip Code  
MI 48843

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.22

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI.272140

Amount of Each Receipt this Period

30.29

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

109.24

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHAEL DILLION</b></p> <p>Mailing Address 520 S Second Street  Apt. 120</p> <p>City Springfield State IL Zip Code 62701</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  350.70</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272875</b></p> <p>Amount of Each Receipt this Period  8.40</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. GREGORY D. DILLOW</b></p> <p>Mailing Address 475 Dillow Lane</p> <p>City Anna State IL Zip Code 62906</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MENTAL HEALTH TECH I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  220.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272705</b></p> <p>Amount of Each Receipt this Period  60.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. STACIE DINEEN</b></p> <p>Mailing Address 80490 28th Street</p> <p>City Lawton State MI Zip Code 49065</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  237.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272094</b></p> <p>Amount of Each Receipt this Period  10.50</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>78.90</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. STACIE DINEEN**

Mailing Address 80490 28th Street

City

Lawton

State

MI

Zip Code

49065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI.272141

Amount of Each Receipt this Period

10.50

Full Name (Last, First, Middle Initial)

## **B. JOHN A. DINICOLA**

Mailing Address 320 2nd Street

City

Bergenline

State

NJ

Zip Code

07087-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272823

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

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

Mailing Address P.O. Box 715

City

Menomonie

State

WI

Zip Code

54751

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.28

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272923

Amount of Each Receipt this Period

44.76

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

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

123.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. NORMAND P. DIONNE</b></p> <p>Mailing Address 15-2692 Aweoweo Street</p> <p>City State Zip Code Pahoa HI 96778</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272593</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LISA DIVITTORE</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 524.42</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270488</b></p> <p>Amount of Each Receipt this Period 58.72</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KEVIN DOEING</b></p> <p>Mailing Address 316 Quittie Park Dr.</p> <p>City State Zip Code Annville PA 17003</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 777.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270489</b></p> <p>Amount of Each Receipt this Period 82.50</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>166.22</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. MICHAEL J. DOLNEY JR.</b></p> <p>Mailing Address 105 Pacific Avenue P.O. Box 71</p> <p>City State Zip Code Randall MN 56475</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 420.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273076</b></p> <p>Amount of Each Receipt this Period 60.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. RANDY J. DOMINIC</b></p> <p>Mailing Address 821 Painter Street</p> <p>City State Zip Code Streator IL 61364</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 466.56</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272824</b></p> <p>Amount of Each Receipt this Period 58.32</p>
<p>Full Name (Last, First, Middle Initial) <b>C. PETER DOMPIERE</b></p> <p>Mailing Address 710 Chippewa Street</p> <p>City State Zip Code Marquette MI 49855</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 357.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272095</b></p> <p>Amount of Each Receipt this Period 21.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		139.32
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. PETER DOMPIERE</b></p> <p>Mailing Address 710 Chippewa Street</p> <p>City Marquette State MI Zip Code 49855</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>378.00</b></p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272142</b></p> <p>Amount of Each Receipt this Period  <b>21.00</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. LORI DONALDSON</b></p> <p>Mailing Address 419 1/2 Grant Street</p> <p>City Franklin State PA Zip Code 16323</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>434.58</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270490</b></p> <p>Amount of Each Receipt this Period  <b>48.66</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. DANNY DONOHUE</b></p> <p>Mailing Address 10 Longview Drive</p> <p>City Clifton Park State NY Zip Code 12061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000 Occupation PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>470.09</b></p>			<p>Date of Receipt  <b>09 / 06 / 2012</b>  <b>Transaction ID : SA11AI.273512</b></p> <p>Amount of Each Receipt this Period  <b>19.24</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>88.90</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. DANNY DONOHUE</b></p> <p>Mailing Address 10 Longview Drive</p> <p>City State Zip Code Clifton Park NY 12061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 489.33</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2012 <b>Transaction ID : SA11AI.273524</b></p> <p>Amount of Each Receipt this Period 19.24</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DANNY DONOHUE</b></p> <p>Mailing Address 10 Longview Drive</p> <p>City State Zip Code Clifton Park NY 12061</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 503.33</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270573</b></p> <p>Amount of Each Receipt this Period 14.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. CYNTHIA DONOVAN</b></p> <p>Mailing Address 1212 Jefferson Street SE</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 212.50</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270780</b></p> <p>Amount of Each Receipt this Period 12.50</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>45.74</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CYNTHIA DONOVAN**

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271074

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. BRYAN DOSH**

Mailing Address 1711 Norwood

City State Zip Code  
Brainerd MN 56401-3846

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273077

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

**C. KIM C. DOSS-PATTERSON**

Mailing Address 10734 S. Langley Avenue

City State Zip Code  
Chicago IL 60628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/STATE OF IL

Occupation  
CASEWORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272707

Amount of Each Receipt this Period

40.00

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

88.50

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. CAROL A. DOTLICH</b></p> <p>Mailing Address 8312 198th Street E</p> <p>City State Zip Code  Spanaway WA 98387</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME WA CN 28 PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  581.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270614</b></p> <p>Amount of Each Receipt this Period  42.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. CAROL A. DOTLICH</b></p> <p>Mailing Address 8312 198th Street E</p> <p>City State Zip Code  Spanaway WA 98387</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME WA CN 28 PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  595.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270574</b></p> <p>Amount of Each Receipt this Period  14.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. THERESA A. DOTSON</b></p> <p>Mailing Address 2960 Janet Circle  Apt. A</p> <p>City State Zip Code  Columbus OH 43209</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  277.50</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 04 / 2012  <b>Transaction ID : SA11AI.272464</b></p> <p>Amount of Each Receipt this Period  12.50</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>68.50</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARCIA M. DOUGLAS-BUMGARNER**

Mailing Address P.O. Box 232

City State Zip Code  
 Lyman WA 98263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271076

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. DAVID DOVER**

Mailing Address 6930 S. Campbell

City State Zip Code  
 Chicago IL 60629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IL CN 31

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.54

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 01 / 2012

Transaction ID : SA11AI.272826

Amount of Each Receipt this Period

56.52

Full Name (Last, First, Middle Initial)

**C. THOMAS C. DRABICK JR.**

Mailing Address 982 Fortkort Drive

City State Zip Code  
 Reynoldsburg OH 43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4

Occupation  
 DIRECTOR, LEGAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.272365

Amount of Each Receipt this Period

40.00

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

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

109.02

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. THOMAS C. DRABICK JR.</b></p> <p>Mailing Address 982 Fortkort Drive</p> <p>City State Zip Code  Reynoldsburg OH 43068</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 DIRECTOR, LEGAL SERVICES</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  800.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 18 / 2012  <b>Transaction ID : SA11AI.272422</b></p> <p>Amount of Each Receipt this Period  40.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. LAURA E. DRAKE</b></p> <p>Mailing Address 238 S. Oak Park Avenue</p> <p>City State Zip Code  Oak Park IL 60302</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 SENIOR ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  541.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272827</b></p> <p>Amount of Each Receipt this Period  67.74</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. BRYAN DULAS</b></p> <p>Mailing Address 202 E 10th Street</p> <p>City State Zip Code  Winona MN 55987</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  210.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.273079</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>137.74</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. PAMELA F. DUNCAN</b></p> <p>Mailing Address 7282 Aplin Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Reynoldsburg</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43068</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation EXECUTIVE ASSISTANT</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">733.00</span></p>			City Reynoldsburg	State OH	Zip Code 43068	Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE ASSISTANT	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.272366</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">38.50</span></p>	
City Reynoldsburg	State OH	Zip Code 43068							
Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE ASSISTANT								
<p>Full Name (Last, First, Middle Initial)  <b>B. PAMELA F. DUNCAN</b></p> <p>Mailing Address 7282 Aplin Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Reynoldsburg</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43068</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation EXECUTIVE ASSISTANT</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">771.50</span></p>			City Reynoldsburg	State OH	Zip Code 43068	Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE ASSISTANT	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 18 / 2012</span>  <b>Transaction ID : SA11AI.272423</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">38.50</span></p>	
City Reynoldsburg	State OH	Zip Code 43068							
Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE ASSISTANT								
<p>Full Name (Last, First, Middle Initial)  <b>C. SHARI L. DUNCAN</b></p> <p>Mailing Address 2650 Fillmore Lane</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Davenport</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 52804</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>			City Davenport	State IA	Zip Code 52804	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.273243</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>	
City Davenport	State IA	Zip Code 52804							
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">92.00</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

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

 Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. SHARI L. DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.273372</b>	
Mailing Address 2650 Fillmore Lane		Amount of Each Receipt this Period 15.00	
City Davenport	State IA	Zip Code 52804	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		
Full Name (Last, First, Middle Initial) <b>B. JAMES W DURKIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.272181</b>	
Mailing Address 8 Beacon Street		Amount of Each Receipt this Period 50.00	
City Boston	State MA	Zip Code 02108-0000	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MA CN 93	Occupation COMMUNICATIONS SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
Full Name (Last, First, Middle Initial) <b>C. ETHEL M DYER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272465</b>	
Mailing Address 2205 Medina Avenue		Amount of Each Receipt this Period 12.50	
City Columbus	State OH	Zip Code 43211	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 277.50		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		77.50	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. ETHEL M DYER**

Mailing Address 2205 Medina Avenue

City State Zip Code  
Columbus OH 43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272495

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

## **B. DENNIS J. EAGLE**

Mailing Address 5007 26th Avenue SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
DIRECTOR OF LPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270615

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

## **C. JOHN M. EAGLESPRIT**

Mailing Address 619 W Gambier Street

City State Zip Code  
Mount Vernon OH 43050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272466

Amount of Each Receipt this Period

25.00

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

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

127.50

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JOHN M. EAGLESPRIT</b></p> <p>Mailing Address 619 W Gambier Street</p> <p>City State Zip Code Mount Vernon OH 43050</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272496</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ANN N. EBESUNO</b></p> <p>Mailing Address 285 Kuhilani Street</p> <p>City State Zip Code Hilo HI 96720</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 249.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272594</b></p> <p>Amount of Each Receipt this Period 21.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LAURIE ECKELS</b></p> <p>Mailing Address 42 Profio Road</p> <p>City State Zip Code McDonald PA 15057</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 684.44</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270491</b></p> <p>Amount of Each Receipt this Period 76.64</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>122.64</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. THOMAS EDSTROM</b></p> <p>Mailing Address 4106 N. Sacramento</p> <p>City Chicago State IL Zip Code 60618</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  633.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272828</b></p> <p>Amount of Each Receipt this Period  79.24</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. PATRICIA A. EDWARDS</b></p> <p>Mailing Address 720 Mox Chehalis Road</p> <p>City McCleary State WA Zip Code 98557</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  357.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270784</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. PATRICIA A. EDWARDS</b></p> <p>Mailing Address 720 Mox Chehalis Road</p> <p>City McCleary State WA Zip Code 98557</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  378.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012  <b>Transaction ID : SA11AI.271079</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		121.24
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JAMES C. EGGERS**

Mailing Address 563 Harland Drive

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYMENT SERVICES REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271404

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. JAMES C. EGGERS**

Mailing Address 563 Harland Drive

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

EMPLOYMENT SERVICES REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271762

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**C. RICKIE EILANDER**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272536

Amount of Each Receipt this Period

40.00

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

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

72.00

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. DEVON F. ELLIS</b></p> <p>Mailing Address 1379 Hudson Street</p> <p>City State Zip Code Dupont WA 98327</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 491.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 10 / 2012  <b>Transaction ID : SA11AI.270787</b> </p> <p>Amount of Each Receipt this Period 26.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DEVON F. ELLIS</b></p> <p>Mailing Address 1379 Hudson Street</p> <p>City State Zip Code Dupont WA 98327</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 517.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 25 / 2012  <b>Transaction ID : SA11AI.271082</b> </p> <p>Amount of Each Receipt this Period 26.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. LORI R. ELMORE</b></p> <p>Mailing Address 1763 North Cassady Avenue</p> <p>City State Zip Code Columbus OH 43219</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 520.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 26 / 2012  <b>Transaction ID : SA11AI.272041</b> </p> <p>Amount of Each Receipt this Period 52.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			104.00		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JENNIFER L. ENNIS</b></p> <p>Mailing Address 2621 Factory Road</p> <p>City Albany State OH Zip Code 45710</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>213.16</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.273606</b></p> <p>Amount of Each Receipt this Period  <b>9.62</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>B. DARYL ERICKSON</b></p> <p>Mailing Address 240 Parkridge Road</p> <p>City Mason City State IA Zip Code 50401</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>367.56</b></p>		<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.272561</b></p> <p>Amount of Each Receipt this Period  <b>40.84</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>C. KURT ERRICKSON</b></p> <p>Mailing Address 224 No. Smith Avenue Apt. #12</p> <p>City Saint Paul State MN Zip Code 55102</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS MANAGER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>640.19</b></p>		<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.272924</b></p> <p>Amount of Each Receipt this Period  <b>71.13</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><b>121.59</b></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. GILBERT ESCUDERO**

Mailing Address 14099 SW 17th Terrace

City State Zip Code  
 Miami FL 33175

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.93

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270446

Amount of Each Receipt this Period

31.77

Full Name (Last, First, Middle Initial)

## **B. FLORENCE S. ESTES**

Mailing Address 4328 N. Hermitage Avenue  
 #1-W

City State Zip Code  
 Chicago IL 60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272829

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

## **C. GEORGE ESTRIGHT**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
 Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.09

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270492

Amount of Each Receipt this Period

62.56

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

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

162.07

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SUSAN ESTY**

Mailing Address 2257 Park Hill Avenue

City State Zip Code  
Baltimore MD 21211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

**Transaction ID : SA11AI.272323**

Amount of Each Receipt this Period

87.50

Full Name (Last, First, Middle Initial)

**B. SUSAN E. EVERETTS**

Mailing Address 2704 Bella Via Avenue

City State Zip Code  
Columbus OH 43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

**Transaction ID : SA11AI.272367**

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. SUSAN E. EVERETTS**

Mailing Address 2704 Bella Via Avenue

City State Zip Code  
Columbus OH 43231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ACCOUNT CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

**Transaction ID : SA11AI.272424**

Amount of Each Receipt this Period

10.00

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

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

107.50

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. YOUSEF FAHOUM</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">229.50</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.270793</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">13.50</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. YOUSEF FAHOUM</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">243.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.271088</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">13.50</span></p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. MARY FALK</b></p> <p>Mailing Address 11236 Georgia Avenue North</p> <p>City North Champlin State MN Zip Code 55316-3800</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">715.00</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.273083</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">90.00</span></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">117.00</span>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>		

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JASMINE FALLS</b></p> <p>Mailing Address 3412 Knipp Drive  Suite 102</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  276.64</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272200</b></p> <p>Amount of Each Receipt this Period  17.29</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JASMINE FALLS</b></p> <p>Mailing Address 3412 Knipp Drive  Suite 102</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  293.93</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 19 / 2012</p> <p><b>Transaction ID : SA11AI.272208</b></p> <p>Amount of Each Receipt this Period  17.29</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ROBERT FANTAUZZO</b></p> <p>Mailing Address 6805 Oak Creek Drive</p> <p>City Columbus State OH Zip Code 43229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  253.88</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.272368</b></p> <p>Amount of Each Receipt this Period  23.08</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>57.66</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ROBERT FANTAUZZO**

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.96

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272425

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

**B. STEPHAN FANTAUZZO**

Mailing Address 3840 N. Delaware Street

City State Zip Code  
Indianapolis IN 46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

CHIEF OF STAFF TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1564.14

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270094

Amount of Each Receipt this Period

107.71

Full Name (Last, First, Middle Initial)

**C. STEPHAN FANTAUZZO**

Mailing Address 3840 N. Delaware Street

City State Zip Code  
Indianapolis IN 46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

CHIEF OF STAFF TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1671.85

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270291

Amount of Each Receipt this Period

107.71

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

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

238.50

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHAEL J. FEDOR</b></p> <p>Mailing Address 2340 Dewey Lane</p> <p>City Enola State PA Zip Code 17025</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>489.60</b></p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270096</b></p> <p>Amount of Each Receipt this Period  <b>30.76</b></p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. MICHAEL J. FEDOR</b></p> <p>Mailing Address 2340 Dewey Lane</p> <p>City Enola State PA Zip Code 17025</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>520.36</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270293</b></p> <p>Amount of Each Receipt this Period  <b>30.76</b></p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. PAULETTE A. FELD</b></p> <p>Mailing Address 416 W 5th Avenue</p> <p>City Oshkosh State WI Zip Code 54902</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WI CN 24/STATE OF WI Occupation IS NETWORK SUP TECH I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>439.00</b></p>			<p>Date of Receipt  <b>09 / 07 / 2012</b>  <b>Transaction ID : SA11AI.272256</b></p> <p>Amount of Each Receipt this Period  <b>20.00</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>81.52</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PAULETTE A. FELD**

Mailing Address 416 W 5th Avenue

City	State	Zip Code
Oshkosh	WI	54902

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.272257

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. RICHARD M. FELLER**Mailing Address 5480 Wisconsin Avenue  
Apt. 1017

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270097

Amount of Each Receipt this Period

56.94

Full Name (Last, First, Middle Initial)

**C. RICHARD M. FELLER**Mailing Address 5480 Wisconsin Avenue  
Apt. 1017

City	State	Zip Code
Chevy Chase	MD	20815

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270294

Amount of Each Receipt this Period

56.94

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

133.88

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ANGELA FERRITTO**

Mailing Address 1053 Newton Avenue

City State Zip Code  
 Erie PA 16511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270494

Amount of Each Receipt this Period

38.18

Full Name (Last, First, Middle Initial)

**B. DERRICK E FIELDS**

Mailing Address 703 Fairwood Avenue

City State Zip Code  
 Columbus OH 43205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012

Transaction ID : SA11AI.272467

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. DERRICK E FIELDS**

Mailing Address 703 Fairwood Avenue

City State Zip Code  
 Columbus OH 43205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272497

Amount of Each Receipt this Period

12.50

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

63.18

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



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DAVID FILLMAN**

Mailing Address 4031 Exective Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1465.55

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270495

Amount of Each Receipt this Period

143.60

Full Name (Last, First, Middle Initial)

**B. DAVID FILLMAN**

Mailing Address 4031 Exective Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1479.55

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270575

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. DIANE FIRKUS**

Mailing Address 44935 Deerfield Road

City

Sturgeon Lake

State

MN

Zip Code

55783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272926

Amount of Each Receipt this Period

52.00

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

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

209.60

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. GERALD FIRKUS**

Mailing Address 44935 Deerfield Road

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.77

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273085

Amount of Each Receipt this Period

55.11

Full Name (Last, First, Middle Initial)

## **B. MICHAEL FISH**

Mailing Address 429 20th Street

City

Cloquet

State

MN

Zip Code

55720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273087

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

## **C. DEBORAH L. FLAHERTY**

Mailing Address 662 Grayton Road

City

Berea

State

OH

Zip Code

44017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/STRONGSVILLE

Occupation

CUSTODIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273607

Amount of Each Receipt this Period

9.62

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

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

109.73

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER C. FLEMING**

Mailing Address 2351 Huntington Station Court

City State Zip Code  
 Alexandria VA 22303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR MEDIA OUTREACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.41

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270098

Amount of Each Receipt this Period

43.45

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER C. FLEMING**

Mailing Address 2351 Huntington Station Court

City State Zip Code  
 Alexandria VA 22303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR MEDIA OUTREACH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.86

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270295

Amount of Each Receipt this Period

43.45

Full Name (Last, First, Middle Initial)

**C. YVONNE FLORES**

Mailing Address 5511 A Cork Path

City State Zip Code  
 Austin TX 78745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624/TRAVIS CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273571

Amount of Each Receipt this Period

30.00

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

116.90

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. YVONNE FLORES</b></p> <p>Mailing Address 5511 A Cork Path</p> <p>City State Zip Code  Austin TX 78745</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME TX LOC 1624/TRAVIS CNTY STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  222.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.273572</b></p> <p>Amount of Each Receipt this Period  15.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. LINDA M. FLOYD</b></p> <p>Mailing Address 7341 Emerald Tree Drive</p> <p>City State Zip Code  Canal Winchester OH 41220</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  296.97</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 04 / 2012  <b>Transaction ID : SA11AI.272468</b></p> <p>Amount of Each Receipt this Period  15.63</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. LINDA M. FLOYD</b></p> <p>Mailing Address 7341 Emerald Tree Drive</p> <p>City State Zip Code  Canal Winchester OH 41220</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  312.60</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.272498</b></p> <p>Amount of Each Receipt this Period  15.63</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>46.26</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

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

<b>A. NANETTE M. FOLSOM</b> Full Name (Last, First, Middle Initial) Mailing Address 5631 Swan Avenue ne City North Canton State OH Zip Code 44721 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272369</b> Amount of Each Receipt this Period 25.00
<b>B. NANETTE M. FOLSOM</b> Full Name (Last, First, Middle Initial) Mailing Address 5631 Swan Avenue ne City North Canton State OH Zip Code 44721 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272426</b> Amount of Each Receipt this Period 25.00
<b>C. G JAMAL M. FORD</b> Full Name (Last, First, Middle Initial) Mailing Address 4919 Zimmer Drive City Columbus State OH Zip Code 43232 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 296.97		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272469</b> Amount of Each Receipt this Period 15.63
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		65.63
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. G JAMAL M. FORD</b></p> <p>Mailing Address 4919 Zimmer Drive</p> <p>City State Zip Code  Columbus OH 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  312.60</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012</p> <p><b>Transaction ID : SA11AI.272499</b></p> <p>Amount of Each Receipt this Period  15.63</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. BENJAMIN FORSTENZER</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City State Zip Code  Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MD CN 982 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  562.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272324</b></p> <p>Amount of Each Receipt this Period  62.50</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JEFFREY S. FOWLER</b></p> <p>Mailing Address 7664 Hinton Avenue South  Apt. #9</p> <p>City State Zip Code  Cottage Grove MN 55016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  489.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012</p> <p><b>Transaction ID : SA11AI.272927</b></p> <p>Amount of Each Receipt this Period  54.43</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>132.56</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. MICHAEL E. FOX</b></p> <p>Mailing Address 3818 Sheffield Lane</p> <p>City Harrisburg State PA Zip Code 17110-3044</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2403.93</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270498</b></p> <p>Amount of Each Receipt this Period 231.36</p>
<p>Full Name (Last, First, Middle Initial) <b>B. MICHAEL E. FOX</b></p> <p>Mailing Address 3818 Sheffield Lane</p> <p>City Harrisburg State PA Zip Code 17110-3044</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2473.93</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270576</b></p> <p>Amount of Each Receipt this Period 70.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SUZANNE M. FOX</b></p> <p>Mailing Address 4200 Chestnut Hills Road</p> <p>City Newark State OH Zip Code 43055</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/NEWARK CITY Occupation EDUCATIONAL/TEACHER AIDE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 263.16</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273608</b></p> <p>Amount of Each Receipt this Period 9.62</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		310.98
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHAEL G. FRAISE</b></p> <p>Mailing Address 3363 190th Street</p> <p>City State Zip Code  Fort Madison IA 52627</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  240.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273253</b></p> <p>Amount of Each Receipt this Period  15.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. MICHAEL G. FRAISE</b></p> <p>Mailing Address 3363 190th Street</p> <p>City State Zip Code  Fort Madison IA 52627</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  255.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : SA11AI.273382</b></p> <p>Amount of Each Receipt this Period  15.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. WALTER FRANCIS</b></p> <p>Mailing Address 1002 Cypress Rd.</p> <p>City State Zip Code  Wilmington DE 19810</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  578.33</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270499</b></p> <p>Amount of Each Receipt this Period  67.70</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>97.70</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GARETH J. FRANK**

Mailing Address 2309 Parkway

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

463.60

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270447

Amount of Each Receipt this Period

77.40

Full Name (Last, First, Middle Initial)

**B. ANGELA FROEBE**
Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

277.56

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 06 / 2012

Transaction ID : SA11AI.272325

Amount of Each Receipt this Period

30.84

Full Name (Last, First, Middle Initial)

**C. JAMES E. FRYE**

Mailing Address 11510 Waesche Drive

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST II

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

584.81

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270099

Amount of Each Receipt this Period

35.19

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

143.43

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JAMES E. FRYE**

Mailing Address 11510 Waesche Drive

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STAFF SPECIALIST II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

Transaction ID : SA11AI.270296

Amount of Each Receipt this Period

35.19

Full Name (Last, First, Middle Initial)

**B. MARK J. FRYMOYER**

Mailing Address 518 Reuel Avenue

City

Kellogg

State

IA

Zip Code

50134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID : SA11AI.272537

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. BRIAN FUITEN**

Mailing Address 445 Mayfair Drive

City

Lincoln

State

IL

Zip Code

62656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

DATA PROCESSING SPECIALIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

612.00

Date of Receipt

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

Transaction ID : SA11AI.272830

Amount of Each Receipt this Period

76.50

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

171.69

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

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

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

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GAIL FUJIMOTO**
 Mailing Address 888 Mililani Street  
 Suite 601

City	State	Zip Code
Honolulu	HI	96813-2991

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9							1	7				

Transaction ID : SA11AI.272595

Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

**B. SEAN FULKERSON**
 Mailing Address 29 N. Wacker Drive  
 Suite 800

City	State	Zip Code
Chicago	IL	60606

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9							0	1				

Transaction ID : SA11AI.272831

Amount of Each Receipt this Period


Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER B. FULLER**

Mailing Address 92 Wilber Avenue

City	State	Zip Code
Columbus	OH	43215

 FEC ID number of contributing  
 federal political committee.

C																			
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼


Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9							0	4				

Transaction ID : SA11AI.272470

Amount of Each Receipt this Period


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

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



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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER B. FULLER</b></p> <p>Mailing Address 92 Wilber Avenue</p> <p>City Columbus State OH Zip Code 43215</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.272500</b> </p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. AMY H. GALATIAN</b></p> <p>Mailing Address 11072 Sospel Place</p> <p>City Las Vegas State NV Zip Code 89141</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 814.92</p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270100</b> </p> <p>Amount of Each Receipt this Period 39.21</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. AMY H. GALATIAN</b></p> <p>Mailing Address 11072 Sospel Place</p> <p>City Las Vegas State NV Zip Code 89141</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 854.13</p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270297</b> </p> <p>Amount of Each Receipt this Period 39.21</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			103.42	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. KERRI GALLAGHER</b></p> <p>Mailing Address 8 South Main Street</p> <p>City State Zip Code Mountain Top PA 18707</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 578.33</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270500</b></p> <p>Amount of Each Receipt this Period 67.70</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN GALUSKA</b></p> <p>Mailing Address 205 Green Vista Drive</p> <p>City State Zip Code Pittsburgh PA 15237</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 562.95</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270501</b></p> <p>Amount of Each Receipt this Period 67.70</p>
<p>Full Name (Last, First, Middle Initial) <b>C. PAUL H. GAMMEL</b></p> <p>Mailing Address 47390 Acacia Trail</p> <p>City State Zip Code Stanchfield MN 55080</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 315.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273091</b></p> <p>Amount of Each Receipt this Period 45.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		180.40
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEBRA L. GARCIA**

Mailing Address 449 College Avenue

City

Richmond

State

IN

Zip Code

47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

992.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270101

Amount of Each Receipt this Period

57.43

Full Name (Last, First, Middle Initial)

**B. DEBRA L. GARCIA**

Mailing Address 449 College Avenue

City

Richmond

State

IN

Zip Code

47374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.03

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270298

Amount of Each Receipt this Period

57.43

Full Name (Last, First, Middle Initial)

**C. ALBERT GARRETT**

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2073.11

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272097

Amount of Each Receipt this Period

117.83

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

232.69

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2190.94

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11AI.272144

Amount of Each Receipt this Period

117.83

Full Name (Last, First, Middle Initial)

B. JOHN H GARRETT SR

Mailing Address 3560 Wymore Place

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : SA11AI.272471

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

C. JOHN H GARRETT SR

Mailing Address 3560 Wymore Place

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272501

Amount of Each Receipt this Period

12.50

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

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

142.83

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. KATHLEEN P. GARRISON</b></p> <p>Mailing Address 9 Kings Road</p> <p>City State Zip Code Ganesvoort NY 12831</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2012 <b>Transaction ID : SA11AI.273484</b></p> <p>Amount of Each Receipt this Period 20.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. KATHLEEN P. GARRISON</b></p> <p>Mailing Address 9 Kings Road</p> <p>City State Zip Code Ganesvoort NY 12831</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME NY LOC 1000 VICE PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2012 <b>Transaction ID : SA11AI.273498</b></p> <p>Amount of Each Receipt this Period 20.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DAVID GASH</b></p> <p>Mailing Address 226 Hartley Road</p> <p>City State Zip Code Hershey PA 17033</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 658.44</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270502</b></p> <p>Amount of Each Receipt this Period 73.16</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>113.16</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					





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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. RYAN GENOVESE</b></p> <p>Mailing Address 1410 Bush Street  Suite A</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  428.74</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 04 / 2012  <b>Transaction ID : SA11AI.272304</b></p> <p>Amount of Each Receipt this Period  50.44</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. RAGLAN GEORGE Jr.</b></p> <p>Mailing Address 75 Varick Street  Suite #1404</p> <p>City New York State NY Zip Code 10013-9902</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1165.36</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.273583</b></p> <p>Amount of Each Receipt this Period  95.76</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RAGLAN GEORGE Jr.</b></p> <p>Mailing Address 75 Varick Street  Suite #1404</p> <p>City New York State NY Zip Code 10013-9902</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1179.36</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270577</b></p> <p>Amount of Each Receipt this Period  14.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>160.20</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. THOMAS GIBBS</b></p> <p>Mailing Address 152 Upper Claar Rd.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Claysburg</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 16625</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME PA CN 13</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">658.44</span></p>			City Claysburg	State PA	Zip Code 16625	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.270503</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">73.16</span></p>	
City Claysburg	State PA	Zip Code 16625							
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. CRAIG W. GIBELYOU</b></p> <p>Mailing Address 10905 132nd Street E</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Puyallup</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98374</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">357.00</span></p>			City Puyallup	State WA	Zip Code 98374	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2012</span>  <b>Transaction ID : SA11AI.270799</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Puyallup	State WA	Zip Code 98374							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. CRAIG W. GIBELYOU</b></p> <p>Mailing Address 10905 132nd Street E</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Puyallup</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98374</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">378.00</span></p>			City Puyallup	State WA	Zip Code 98374	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.271094</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Puyallup	State WA	Zip Code 98374							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">115.16</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHERYL A. GIBSON**

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.92

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273259

Amount of Each Receipt this Period

24.62

Full Name (Last, First, Middle Initial)

**B. CHERYL A. GIBSON**

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.54

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273388

Amount of Each Receipt this Period

24.62

Full Name (Last, First, Middle Initial)

**C. LENORA R. GILES**

Mailing Address 40778 Boyd Road

City

Wellsville

State

OH

Zip Code

43968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272370

Amount of Each Receipt this Period

20.00

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

69.24

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **LENORA R. GILES**

Mailing Address 40778 Boyd Road

City

Wellsville

State

OH

Zip Code

43968

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272427

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. **KAREN GILGOFF**Mailing Address 3003 Van Ness Street NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270103

Amount of Each Receipt this Period

79.74

Full Name (Last, First, Middle Initial)

C. **KAREN GILGOFF**Mailing Address 3003 Van Ness Street NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.32

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270300

Amount of Each Receipt this Period

79.74

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

179.48

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CARLA GILLESPIE**

Mailing Address 608 Blair Street

City

Alton

State

IL

Zip Code

62002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.69

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272876

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**B. DOROTHY L. GILLIAM**

Mailing Address 1216 Waterford Drive

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.86

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270104

Amount of Each Receipt this Period

37.58

Full Name (Last, First, Middle Initial)

**C. DOROTHY L. GILLIAM**

Mailing Address 1216 Waterford Drive

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.44

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270301

Amount of Each Receipt this Period

37.58

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

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

83.56

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. CHERYL A. GILMORE**

Mailing Address 2608 Naylor Road SE  
#301

City State Zip Code  
Washington DC 20020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.59

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270106

Amount of Each Receipt this Period

34.08

Full Name (Last, First, Middle Initial)

## **B. CHERYL A. GILMORE**

Mailing Address 2608 Naylor Road SE  
#301

City State Zip Code  
Washington DC 20020

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.67

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270303

Amount of Each Receipt this Period

34.08

Full Name (Last, First, Middle Initial)

## **C. DENISE GILMORE**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272326

Amount of Each Receipt this Period

42.08

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

110.24

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. STEVE GIORGI</b></p> <p>Mailing Address 8386 Gardenia Street</p> <p>City State Zip Code          Virginia MN 55792</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MN CN 65 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          737.12</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 06 / 2012  <b>Transaction ID : SA11AI.272218</b></p> <p>Amount of Each Receipt this Period          79.68</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. ROGER GLADDEN</b></p> <p>Mailing Address 3412 Knipp Drive          Suite 102</p> <p>City State Zip Code          Jefferson City MO 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          300.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 06 / 2012  <b>Transaction ID : SA11AI.272201</b></p> <p>Amount of Each Receipt this Period          18.75</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. ROGER GLADDEN</b></p> <p>Mailing Address 3412 Knipp Drive          Suite 102</p> <p>City State Zip Code          Jefferson City MO 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MO CN 72 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          318.75</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 19 / 2012  <b>Transaction ID : SA11AI.272209</b></p> <p>Amount of Each Receipt this Period          18.75</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			117.18	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. PATRICIA M. GLYNN</b></p> <p>Mailing Address 55 Aberdeen Avenue</p> <p>City State Zip Code Cambridge MA 02138-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 858.42</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270107</b></p> <p>Amount of Each Receipt this Period 46.26</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. PATRICIA M. GLYNN</b></p> <p>Mailing Address 55 Aberdeen Avenue</p> <p>City State Zip Code Cambridge MA 02138-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 904.68</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270304</b></p> <p>Amount of Each Receipt this Period 46.26</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KATHRYN J. GOLD</b></p> <p>Mailing Address 4517 Santa Clara Drive</p> <p>City State Zip Code Springfield IL 62711</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL SYSTEMS ANALYST II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 227.14</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272714</b></p> <p>Amount of Each Receipt this Period 31.26</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>123.78</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. MARK GOLDEN**

Mailing Address 74 Ice Pond Road

City State Zip Code  
 Levittown PA 19057

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 ▼

658.44

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270504

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

## **B. RICHARD GOLLIN**

Mailing Address 900 Randolph Place

City State Zip Code  
 Union NJ 07083-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NJ CN 52

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.44

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270578

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

## **C. JAMES R. GOLLINGS Jr.**

Mailing Address 40 Rathbone

City State Zip Code  
 Columbus OH 43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

732.46

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272371

Amount of Each Receipt this Period

38.47

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

125.63

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JAMES R. GOLLINGS Jr.</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>09 / 18 / 2012</div> </div> </p>		
<p>Mailing Address 40 Rathbone</p>			<p><b>Transaction ID : SA11AI.272428</b></p>		
<p>City State Zip Code  Columbus OH 43214</p>			<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>38.47</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>					
<p>Name of Employer  AFSCME OH LOC 4</p>		<p>Occupation  FIELD REPRESENTATIVE</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div></div> <div>770.93</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. PHILLIP C. GOODMAN</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2012</div> </div> </p>		
<p>Mailing Address 10 Lakeview Road</p>			<p><b>Transaction ID : SA11AI.272832</b></p>		
<p>City State Zip Code  Taylorville IL 62568</p>			<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>61.32</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>					
<p>Name of Employer  AFSCME IL CN 31</p>		<p>Occupation  STAFF REPRESENTATIVE</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div></div> <div>490.56</div> </div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. ANISSIA GOODWIN</b></p>			<p>Date of Receipt  <div> <div>MM / DD / YYYY</div> <div>09 / 26 / 2012</div> </div> </p>		
<p>Mailing Address 390 Worthington Road</p>			<p><b>Transaction ID : SA11AI.272046</b></p>		
<p>City State Zip Code  Westerville OH 43082</p>			<p>Amount of Each Receipt this Period  <div> <div>Receipts</div> <div>60.00</div> </div> </p>		
<p>FEC ID number of contributing federal political committee.  <div> <div>C</div> <div></div> </div> </p>					
<p>Name of Employer  AFSCME OH LOC 11</p>		<p>Occupation  STAFF REPRESENTATIVE</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  <div> <div></div> <div>818.00</div> </div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div> <div>Receipts</div> <div>159.79</div> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div> <div>Receipts</div> <div></div> </div>		

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GARY GORA**

Mailing Address W22203 Wagner Road

City State Zip Code  
Trempealeau WI 54661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273095

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. PATRICIA GORDON**

Mailing Address 112 Chesbrough Road

City State Zip Code  
West Roxbury MA 02132-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.80

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270108

Amount of Each Receipt this Period

25.40

Full Name (Last, First, Middle Initial)

**C. PATRICIA GORDON**

Mailing Address 112 Chesbrough Road

City State Zip Code  
West Roxbury MA 02132-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270305

Amount of Each Receipt this Period

25.40

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

80.80

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. PERRY GORDON</b></p> <p>Mailing Address P.O. Box 1123</p> <p>City Roy State WA Zip Code 98580</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>570.00</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270617</b> </p> <p>Amount of Each Receipt this Period  <b>64.00</b> </p>
<p>Full Name (Last, First, Middle Initial) <b>B. WILLIAM H. GORDON JR.</b></p> <p>Mailing Address 7203 Van Kirk Avenue</p> <p>City Cincinnati State OH Zip Code 45216</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>210.00</b></p>		<p>Date of Receipt  <b>09 / 07 / 2012</b>  <b>Transaction ID : SA11AI.271433</b> </p> <p>Amount of Each Receipt this Period  <b>15.00</b> </p>
<p>Full Name (Last, First, Middle Initial) <b>C. WILLIAM H. GORDON JR.</b></p> <p>Mailing Address 7203 Van Kirk Avenue</p> <p>City Cincinnati State OH Zip Code 45216</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>225.00</b></p>		<p>Date of Receipt  <b>09 / 21 / 2012</b>  <b>Transaction ID : SA11AI.271791</b> </p> <p>Amount of Each Receipt this Period  <b>15.00</b> </p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><b>94.00</b></p>

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ERIN GORMAN**

Mailing Address 1212 Christopher Lane

City State Zip Code  
 Springfield IL 62712

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.52

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2012

**Transaction ID : SA11AI.272833**

Amount of Each Receipt this Period

74.94

Full Name (Last, First, Middle Initial)

**B. LOTTIE M. GOSHAY**

Mailing Address 826 Inwood Place

City State Zip Code  
 Columbus OH 43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012

**Transaction ID : SA11AI.272472**

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. LOTTIE M. GOSHAY**

Mailing Address 826 Inwood Place

City State Zip Code  
 Columbus OH 43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.272502**

Amount of Each Receipt this Period

12.50

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

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

99.94

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DANA M. GOUIN**

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270109

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. DANA M. GOUIN**

Mailing Address 9121 Knox Court

City

Laurel

State

MD

Zip Code

20723

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270306

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. KERRY GRABER**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270803

Amount of Each Receipt this Period

12.50

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

52.50

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. KERRY GRABER**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271098

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

## **B. STEPHEN M. GRAHAM**

Mailing Address 6002 Euclid Street

City Cheverly State MD Zip Code 20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

862.59

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270110

Amount of Each Receipt this Period

51.10

Full Name (Last, First, Middle Initial)

## **C. STEPHEN M. GRAHAM**

Mailing Address 6002 Euclid Street

City Cheverly State MD Zip Code 20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.69

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270307

Amount of Each Receipt this Period

51.10

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

114.70

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



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BONNIE L. GRANTZ**

Mailing Address 3898 Ascott Court

City

Youngstown

State

OH

Zip Code

44511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AUSTINTOWN LSD

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.46

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273611

Amount of Each Receipt this Period

38.47

Full Name (Last, First, Middle Initial)

**B. ELIZABETH D. GRAY-LINDSLEY**

Mailing Address 1302 4th Street SW

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST DIRECTOR, CAPITAL STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1732.66

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270111

Amount of Each Receipt this Period

105.01

Full Name (Last, First, Middle Initial)

**C. ELIZABETH D. GRAY-LINDSLEY**

Mailing Address 1302 4th Street SW

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST DIRECTOR, CAPITAL STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1837.67

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270308

Amount of Each Receipt this Period

105.01

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

248.49

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

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

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

<b>A. JONATHAN GREBNER</b> Full Name (Last, First, Middle Initial) Mailing Address 840 Randolph Avenue City Saint Paul State MN Zip Code 55126 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 5/CN14 Occupation POLITICAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 622.32			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272928</b> Amount of Each Receipt this Period 65.74
<b>B. LINDA J. GREEN</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 142 City Sherrard State IL Zip Code 61281 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31/STATE OF IL Occupation REVENUE AUDITOR III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272716</b> Amount of Each Receipt this Period 37.50
<b>C. PATRICIA GREEN</b> Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City Harrisburg State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 434.58			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270505</b> Amount of Each Receipt this Period 48.66
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			151.90
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRANKLIN GREENE**

Mailing Address 3709 Darcey Lane

City

State

Zip Code

Flint

MI

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

AFSCME MI CN 25

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.68

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272098

Amount of Each Receipt this Period

21.04

Full Name (Last, First, Middle Initial)

**B. FRANKLIN GREENE**

Mailing Address 3709 Darcey Lane

City

State

Zip Code

Flint

MI

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

AFSCME MI CN 25

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272145

Amount of Each Receipt this Period

21.04

Full Name (Last, First, Middle Initial)

**C. STEVE GRETSUK**

Mailing Address 7803 Desiree Street

City

State

Zip Code

Alexandria

VA

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

AFSCME INT'L

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1498.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270113

Amount of Each Receipt this Period

81.94

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

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

124.02

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

 Use separate schedule(s)  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) <b>A. STEVE GRETSUK</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270310</b>	
Mailing Address 7803 Desiree Street		Amount of Each Receipt this Period 81.94	
City Alexandria	State VA	Zip Code 22315	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, INFORMATION SYSTEMS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1580.92		
Full Name (Last, First, Middle Initial) <b>B. KIMBERLY GRIFFIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270114</b>	
Mailing Address 2456 Five Fathom Circle		Amount of Each Receipt this Period 34.08	
City Woodbridge	State VA	Zip Code 22192	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.36		
Full Name (Last, First, Middle Initial) <b>C. KIMBERLY GRIFFIN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270311</b>	
Mailing Address 2456 Five Fathom Circle		Amount of Each Receipt this Period 34.08	
City Woodbridge	State VA	Zip Code 22192	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 613.44		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		150.10	
<b>TOTAL</b> This Period (last page this line number only).....			

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

 Use separate schedule(s)  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALIA GRIFFING**

Mailing Address 1315 Smith Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LOBBYIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270618

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. LYLE B GRIMES**

Mailing Address P.O. Box 9432

City	State	Zip Code
Bridge City	LA	70096

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270115

Amount of Each Receipt this Period

31.81

Full Name (Last, First, Middle Initial)

**C. LYLE B GRIMES**

Mailing Address P.O. Box 9432

City	State	Zip Code
Bridge City	LA	70096

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270312

Amount of Each Receipt this Period

31.81

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

105.62

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)  
**A. THEODORE RALPH GROENER**

Mailing Address 18709 Madrona Drive

City State Zip Code  
Oregon City OR 97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

POLITICAL COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273662

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)  
**B. OTTO GROENEWALD**

Mailing Address Route 9 Box 154

City State Zip Code  
Bloomfield IA 52537

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272539

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)  
**C. DALE R. GROSSMAN**

Mailing Address 3668 Bader Court

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WESTERVILLE

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273613

Amount of Each Receipt this Period

10.42

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

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

100.42

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DANIEL GROVE**

Mailing Address 131 Scanlon Drive

City State Zip Code  
Franklin PA 16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270507

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**B. SHAWN M. GRUBER**

Mailing Address 1218 Adams Street

City State Zip Code  
Lima OH 45801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271436

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. SHAWN M. GRUBER**

Mailing Address 1218 Adams Street

City State Zip Code  
Lima OH 45801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271794

Amount of Each Receipt this Period

15.00

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

103.16

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CAROL GUTHRIE**

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.00

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.273573

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. CAROL GUTHRIE**

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273574

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. CAROL GUTHRIE**

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.00

Date of Receipt

09 / 26 / 2012

Transaction ID : SA11AI.273575

Amount of Each Receipt this Period

40.00

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

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

120.00



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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. LORETTA GUTIERREZ</b></p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270806</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. LORETTA GUTIERREZ</b></p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012  <b>Transaction ID : SA11AI.271101</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JON A. GWYNNE</b></p> <p>Mailing Address 2052 Sherwood Lake Drive</p> <p>City Schererville State IN Zip Code 46375</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 406.88</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272834</b></p> <p>Amount of Each Receipt this Period 50.86</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		90.86
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **MARIJO HAIN**

Mailing Address 716 Bob Ehlen Drive

City

Anoka

State

MN

Zip Code

55303-1701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.273100

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. **DAVID M. HAINES**

Mailing Address 403 2nd Street SE

City

Bondurant

State

IA

Zip Code

50035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273265

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. **DAVID M. HAINES**

Mailing Address 403 2nd Street SE

City

Bondurant

State

IA

Zip Code

50035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.273394

Amount of Each Receipt this Period

15.00

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

60.00

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

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

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. DERRYL HALL**

Mailing Address 80 Cambridge Drive

City State Zip Code  
 Springboro OH 45066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4

Occupation  
 FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.272372

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

## **B. DERRYL HALL**

Mailing Address 80 Cambridge Drive

City State Zip Code  
 Springboro OH 45066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4

Occupation  
 FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 18 / 2012

Transaction ID : SA11AI.272429

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

## **C. TERRI L. HALL**

Mailing Address 1212 Jefferson St., SE  
 Suite 300

City State Zip Code  
 Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

447.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270811

Amount of Each Receipt this Period

21.00

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

59.48

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. TERRI L. HALL</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  468.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012  <b>Transaction ID : SA11AI.271106</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. CINDY HALLSTROM</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  212.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270812</b></p> <p>Amount of Each Receipt this Period  12.50</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. CINDY HALLSTROM</b></p> <p>Mailing Address 1212 Jefferson St., SE  Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  225.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012  <b>Transaction ID : SA11AI.271107</b></p> <p>Amount of Each Receipt this Period  12.50</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>46.00</p>

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. ROGER B. HALLUM</b></p> <p>Mailing Address 5136 Edgeview Road</p> <p>City State Zip Code  Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/HAMILTON - COL BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  375.03</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.273614</b></p> <p>Amount of Each Receipt this Period  41.67</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. TOMIKA C. HALSEY</b></p> <p>Mailing Address 299 Saginaw</p> <p>City State Zip Code  Calumet City IL 60409</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L LEAD ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  642.03</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012</p> <p><b>Transaction ID : SA11AI.270116</b></p> <p>Amount of Each Receipt this Period  32.47</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. TOMIKA C. HALSEY</b></p> <p>Mailing Address 299 Saginaw</p> <p>City State Zip Code  Calumet City IL 60409</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L LEAD ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  674.50</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.270313</b></p> <p>Amount of Each Receipt this Period  32.47</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>106.61</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. HELEN H. HAMADA</b></p> <p>Mailing Address 1113 Davenport Street Unit A3</p> <p>City Honolulu State HI Zip Code 96822</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09</span> <span>17</span> <span>2012</span> </div> <p><b>Transaction ID : SA11AI.272598</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>21.00</span> </div> </p> </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DANIE HAMILTON</b></p> <p>Mailing Address 1417 Basswood Court</p> <p>City East Lansing State MI Zip Code 48823</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09</span> <span>06</span> <span>2012</span> </div> <p><b>Transaction ID : SA11AI.272099</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12.50</span> </div> </p> </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DANIE HAMILTON</b></p> <p>Mailing Address 1417 Basswood Court</p> <p>City East Lansing State MI Zip Code 48823</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09</span> <span>17</span> <span>2012</span> </div> <p><b>Transaction ID : SA11AI.272146</b></p> <p>Amount of Each Receipt this Period  <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12.50</span> </div> </p> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>46.00</span> </div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. DAWN HANDY**

Mailing Address 2560 Edmondson Avenue

City State Zip Code  
 Baltimore MD 21223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

ADMIN ASST./TECH SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2012

**Transaction ID : SA11AI.272305**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. KEVIN S. HANES**

Mailing Address 176 Thunderwood Drive

City State Zip Code  
 Pittsburgh PA 15102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

COMMUNICATIONS SPECIALIST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

508.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

**Transaction ID : SA11AI.270117**

Amount of Each Receipt this Period

29.94

Full Name (Last, First, Middle Initial)

## **C. KEVIN S. HANES**

Mailing Address 176 Thunderwood Drive

City State Zip Code  
 Pittsburgh PA 15102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

COMMUNICATIONS SPECIALIST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

538.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

**Transaction ID : SA11AI.270314**

Amount of Each Receipt this Period

29.94

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

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

109.88

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. BARBARA HANGARTNER</b></p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 233.50</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270815</b></p> <p>Amount of Each Receipt this Period 15.50</p>
<p>Full Name (Last, First, Middle Initial) <b>B. BARBARA HANGARTNER</b></p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 249.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271111</b></p> <p>Amount of Each Receipt this Period 15.50</p>
<p>Full Name (Last, First, Middle Initial) <b>C. EUGINE HANKS</b></p> <p>Mailing Address 296 Churchmans Road</p> <p>City New Castle State DE Zip Code 19720-9930</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 434.99</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2012 <b>Transaction ID : SA11AI.272195</b></p> <p>Amount of Each Receipt this Period 50.08</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		81.08
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. INGRID J. HANSEN**

Mailing Address 1609 Langridge Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

HEALTH SVC CNSLTNT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SA11AI.270816

Amount of Each Receipt this Period

15.50

Full Name (Last, First, Middle Initial)

**B. INGRID J. HANSEN**

Mailing Address 1609 Langridge Avenue NW

City	State	Zip Code
Olympia	WA	98502

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

HEALTH SVC CNSLTNT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : SA11AI.271112

Amount of Each Receipt this Period

15.50

Full Name (Last, First, Middle Initial)

**C. RYAN HANSON**

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272930

Amount of Each Receipt this Period

54.44

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

85.44

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GABRIEL HARGROVE**

Mailing Address 4912 Woodlawn Avenue N

City	State	Zip Code
Seattle	WA	98013

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270619

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. YVONNE J. HARGROVE**

Mailing Address 12832 Evansport Place

City	State	Zip Code
Woodbridge	VA	22192

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270118

Amount of Each Receipt this Period

35.45

Full Name (Last, First, Middle Initial)

**C. YVONNE J. HARGROVE**

Mailing Address 12832 Evansport Place

City	State	Zip Code
Woodbridge	VA	22192

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

638.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270315

Amount of Each Receipt this Period

35.45

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

120.90

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

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

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LORA HARRIS**

Mailing Address 265 Forest Blvd

City

Park Forest

State

IL

Zip Code

60466-1750

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

566.08

Date of Receipt

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

Transaction ID : SA11AI.272835

Amount of Each Receipt this Period

70.76

Full Name (Last, First, Middle Initial)

**B. SHARON L. HARRIS**

Mailing Address 677 E. 4th Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	2

Transaction ID : SA11AI.272473

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. SHARON L. HARRIS**

Mailing Address 677 E. 4th Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.272503

Amount of Each Receipt this Period

25.00

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

120.76

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. STEPHANIE HARRISON</b></p> <p>Mailing Address 1640 Upshur Street NW</p> <p>City Washington State DC Zip Code 20011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1106.20</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270120</b></p> <p>Amount of Each Receipt this Period  62.60</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. STEPHANIE HARRISON</b></p> <p>Mailing Address 1640 Upshur Street NW</p> <p>City Washington State DC Zip Code 20011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation DIRECTOR, HUMAN RESOURCES</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1168.80</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270317</b></p> <p>Amount of Each Receipt this Period  62.60</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. JANE N HART</b></p> <p>Mailing Address 6907 Taylor Road</p> <p>City Sauk City State WI Zip Code 53583</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  381.23</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270121</b></p> <p>Amount of Each Receipt this Period  22.75</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			147.95	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JANE N HART**

Mailing Address 6907 Taylor Road

City State Zip Code  
Sauk City WI 53583

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

403.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270318

Amount of Each Receipt this Period

22.75

Full Name (Last, First, Middle Initial)

**B. MICHAEL HARTEL**

Mailing Address 4531 6th Street

City State Zip Code  
Minneapolis MN 55421-2234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273102

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. JAMES A. HARTLE**

Mailing Address 3172 Schell Drive

City State Zip Code  
Marion OH 43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271443

Amount of Each Receipt this Period

12.00

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

94.75

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JAMES A. HARTLE</b></p> <p>Mailing Address 3172 Schell Drive</p> <p>City Marion State OH Zip Code 43302</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  258.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : SA11AI.271801</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. ANDREW A. HARTSEL</b></p> <p>Mailing Address 15 Park Avenue</p> <p>City London State OH Zip Code 43140</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  240.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.271444</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ANDREW A. HARTSEL</b></p> <p>Mailing Address 15 Park Avenue</p> <p>City London State OH Zip Code 43140</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  260.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : SA11AI.271802</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		52.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. RAYDENE HARWICK</b></p> <p>Mailing Address 2101-27 Hill Road Apt. #1</p> <p>City Sellersville State PA Zip Code 18960</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 712.09</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270508</b></p> <p>Amount of Each Receipt this Period 62.56</p>
<p>Full Name (Last, First, Middle Initial) <b>B. DAVID HASLETT</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City Harrisburg State PA Zip Code 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 391.20</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270509</b></p> <p>Amount of Each Receipt this Period 46.96</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JANET L HATFIELD</b></p> <p>Mailing Address 201 NW 52nd Street</p> <p>City Vancouver State WA Zip Code 98663</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 229.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270820</b></p> <p>Amount of Each Receipt this Period 13.50</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		123.02
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JANET L HATFIELD</b></p> <p>Mailing Address 201 NW 52nd Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Vancouver</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98663</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">243.00</span> </p>			City Vancouver	State WA	Zip Code 98663	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.271116</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">13.50</span> </p>	
City Vancouver	State WA	Zip Code 98663							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>B. KAREN HATHAWAY</b></p> <p>Mailing Address 29 Jenny Lind Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Taunton</td> <td style="width: 33%;">State MA</td> <td style="width: 33%;">Zip Code 02780-0000</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MA CN 93</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">414.14</span> </p>			City Taunton	State MA	Zip Code 02780-0000	Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 07 / 2012</span>  <b>Transaction ID : SA11AI.272182</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.46</span> </p>	
City Taunton	State MA	Zip Code 02780-0000							
Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>C. ALISON HAYGOOD</b></p> <p>Mailing Address 190 W. Ostend Street Suite 101</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Baltimore</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 21230</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MD CN 982</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">352.44</span> </p>			City Baltimore	State MD	Zip Code 21230	Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 06 / 2012</span>  <b>Transaction ID : SA11AI.272327</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">39.16</span> </p>	
City Baltimore	State MD	Zip Code 21230							
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">93.12</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						



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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. JIMMIE HEARNS**

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

615.57

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272100

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

## **B. JIMMIE HEARNS**

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

651.78

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272147

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

## **C. PHILIP W. HELMS**

Mailing Address 4108 Menton

City

Flint

State

MI

Zip Code

48507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

EDITOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

923.27

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272101

Amount of Each Receipt this Period

54.31

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

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

126.73

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. PHILIP W. HELMS</b></p> <p>Mailing Address 4108 Menton</p> <p>City Flint State MI Zip Code 48507</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation EDITOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>977.58</b></p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272148</b> </p> <p>Amount of Each Receipt this Period  <b>54.31</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RENITA L. HELTON</b></p> <p>Mailing Address 2025 W Galbraith Road Apt. E</p> <p>City Cincinnati State OH Zip Code 45239</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>209.00</b></p>			<p>Date of Receipt  <b>09 / 21 / 2012</b>  <b>Transaction ID : SA11AI.271804</b> </p> <p>Amount of Each Receipt this Period  <b>11.00</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CAROL S. HENDERSON</b></p> <p>Mailing Address 901 S. Elm Street</p> <p>City Celina State OH Zip Code 45822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/CELINA CSD Occupation BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>206.72</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.273616</b> </p> <p>Amount of Each Receipt this Period  <b>10.42</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>75.73</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<b>A. DAVID J. HENDERSON</b> Full Name (Last, First, Middle Initial) Mailing Address 2040 Spring Valley Road City Pittsburgh State PA Zip Code 15243-1422 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1156.41			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270510</b> Amount of Each Receipt this Period 115.68
<b>B. KAY HENDERSON</b> Full Name (Last, First, Middle Initial) Mailing Address 624 S. Winnifred Street City Tacoma State WA Zip Code 98465 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270824</b> Amount of Each Receipt this Period 30.00
<b>C. KAY HENDERSON</b> Full Name (Last, First, Middle Initial) Mailing Address 624 S. Winnifred Street City Tacoma State WA Zip Code 98465 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271120</b> Amount of Each Receipt this Period 30.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			175.68
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIMOTHY HENDERSON**

Mailing Address 6987 W. Shadow Lake Drive

City State Zip Code  
 Lino Lakes MN 55014-1931

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.35

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272931

Amount of Each Receipt this Period

44.76

Full Name (Last, First, Middle Initial)

**B. MONIQUE L. HENNAGAN**

Mailing Address 505 Winter View Way

City State Zip Code  
 Stockbridge GA 30281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.88

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270123

Amount of Each Receipt this Period

18.92

Full Name (Last, First, Middle Initial)

**C. MONIQUE L. HENNAGAN**

Mailing Address 505 Winter View Way

City State Zip Code  
 Stockbridge GA 30281

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.29

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270320

Amount of Each Receipt this Period

21.41

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

85.09

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. SUSAN R. HENRICKSEN</b></p> <p>Mailing Address 16511 193rd Avenue E</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bonney Lake</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98391</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">357.00</span></p>			City Bonney Lake	State WA	Zip Code 98391	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2012</span>  <b>Transaction ID : SA11AI.270826</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Bonney Lake	State WA	Zip Code 98391							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. SUSAN R. HENRICKSEN</b></p> <p>Mailing Address 16511 193rd Avenue E</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bonney Lake</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98391</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">378.00</span></p>			City Bonney Lake	State WA	Zip Code 98391	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.271122</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Bonney Lake	State WA	Zip Code 98391							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. MICHELLE C. HENRY</b></p> <p>Mailing Address 5614 S 147th Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Tukwila</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98168</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/COMM COLLEGE</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>			City Tukwila	State WA	Zip Code 98168	Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 01 / 2012</span>  <b>Transaction ID : SA11AI.270672</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	
City Tukwila	State WA	Zip Code 98168							
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">72.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. MICHELLE C. HENRY</b></p> <p>Mailing Address 5614 S 147th Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Tukwila</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98168</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/COMM COLLEGE</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">255.00</span></p>			City Tukwila	State WA	Zip Code 98168	Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.270683</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>	
City Tukwila	State WA	Zip Code 98168							
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. MICHELLE C. HENRY</b></p> <p>Mailing Address 5614 S 147th Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Tukwila</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98168</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/COMM COLLEGE</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">270.00</span></p>			City Tukwila	State WA	Zip Code 98168	Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.270694</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>	
City Tukwila	State WA	Zip Code 98168							
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. JOHN HENSON</b></p> <p>Mailing Address P. O. Box 88593</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Steilacoom</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98388</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">212.50</span></p>			City Steilacoom	State WA	Zip Code 98388	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2012</span>  <b>Transaction ID : SA11AI.270827</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">12.50</span></p>	
City Steilacoom	State WA	Zip Code 98388							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">42.50</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN HENSON**

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271123

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. RICK HENSON**

Mailing Address 317 South F Street

City

Springfield

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.273663

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

**C. EMERALD HERNANDEZ**

Mailing Address 1542 Presidential Dr.

City

Columbus

State

OH

Zip Code

46212

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 26 / 2012

Transaction ID : SA11AI.272050

Amount of Each Receipt this Period

80.00

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

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

177.50

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SHERRY HEWITT

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270830

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. SHERRY HEWITT

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271126

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. DENNIS HILL

Mailing Address 4 Hickory Street

City Farmington State MN Zip Code 55024-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273105

Amount of Each Receipt this Period

150.00

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

174.00

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



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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DONALD J. HILL**

Mailing Address 2382 Krumroy Road

City State Zip Code  
Akron OH 44312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/SPRINGFIELD SD

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273618

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. KEVIN E. HILL**

Mailing Address 541 Coconut Street

City State Zip Code  
Satellite Beach FL 32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270126

Amount of Each Receipt this Period

51.37

Full Name (Last, First, Middle Initial)

**C. KEVIN E. HILL**

Mailing Address 541 Coconut Street

City State Zip Code  
Satellite Beach FL 32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.53

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270323

Amount of Each Receipt this Period

51.37

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

127.74

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. TRACY A. HILL</b></p> <p>Mailing Address 2382 Krumroy Road</p> <p>City Akron State OH Zip Code 44312</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation TEACHER AIDE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 425.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 11 / 2012  <b>Transaction ID : SA11AI.273619</b> </p> <p>Amount of Each Receipt this Period            25.00         </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. DANNY HINDE</b></p> <p>Mailing Address 612 4th Avenue NE</p> <p>City Independence State IA Zip Code 50644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 320.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 11 / 2012  <b>Transaction ID : SA11AI.273275</b> </p> <p>Amount of Each Receipt this Period            20.00         </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DANNY HINDE</b></p> <p>Mailing Address 612 4th Avenue NE</p> <p>City Independence State IA Zip Code 50644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 340.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 21 / 2012  <b>Transaction ID : SA11AI.273404</b> </p> <p>Amount of Each Receipt this Period            20.00         </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>65.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SEAN HINGA

Mailing Address 3137 Fulton Street

City State Zip Code  
 Denver CO 80238

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270127

Amount of Each Receipt this Period

39.15

Full Name (Last, First, Middle Initial)

B. SEAN HINGA

Mailing Address 3137 Fulton Street

City State Zip Code  
 Denver CO 80238

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.47

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270324

Amount of Each Receipt this Period

39.15

Full Name (Last, First, Middle Initial)

C. THOMAS C. HINKLE

Mailing Address P.O. Box 600

City State Zip Code  
 Orwell OH 44076

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271451

Amount of Each Receipt this Period

20.00

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

98.30

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. THOMAS C. HINKLE**

Mailing Address P.O. Box 600

City State Zip Code  
Orwell OH 44076

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271809

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CLARICE D. HINRICHS**

Mailing Address 4909 Gordon Avenue  
Apt. 314

City State Zip Code  
Monona WI 53716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.65

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270128

Amount of Each Receipt this Period

15.45

Full Name (Last, First, Middle Initial)

**C. CLARICE D. HINRICHS**

Mailing Address 4909 Gordon Avenue  
Apt. 314

City State Zip Code  
Monona WI 53716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.10

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270325

Amount of Each Receipt this Period

15.45

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

50.90

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

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

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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **SAMUEL L. HISLE**

Mailing Address 3660 Third Avenue

City State Zip Code  
 Grove City OH 43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 04 / 2012

Transaction ID : SA11AI.272474

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. **SAMUEL L. HISLE**

Mailing Address 3660 Third Avenue

City State Zip Code  
 Grove City OH 43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272504

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. **ELIZABETH C. HO**

Mailing Address 1511 Kalaniewai Street

City State Zip Code  
 Honolulu HI 96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.42

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270129

Amount of Each Receipt this Period

46.26

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

96.26

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 222 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ELIZABETH C. HO**

Mailing Address 1511 Kalaniewai Street

City	State	Zip Code
Honolulu	HI	96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270326

Amount of Each Receipt this Period

46.26

Full Name (Last, First, Middle Initial)

**B. MARGARET HOAK**

Mailing Address P.O. Box 264

City	State	Zip Code
Warren	PA	16365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270512

Amount of Each Receipt this Period

75.26

Full Name (Last, First, Middle Initial)

**C. KARLA HODGE**

Mailing Address 1212 N. 14th Street

City	State	Zip Code
Harrisburg	PA	17103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270513

Amount of Each Receipt this Period

73.16

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

194.68

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

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

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

[illegible]

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. KAREN S HOLDRIDGE</b></p> <p>Mailing Address 3511 Huntingbrook Drive  #207</p> <p>City State Zip Code  Columbus OH 43213</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  500.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012</p> <p><b>Transaction ID : SA11AI.272505</b></p> <p>Amount of Each Receipt this Period  25.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. SYLVIA E. HOLMES</b></p> <p>Mailing Address 958 Sodom Hutchings Road SE</p> <p>City State Zip Code  Vienna OH 44473</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/GIRARD CSD SECRETARY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  333.16</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.273621</b></p> <p>Amount of Each Receipt this Period  9.62</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. THOMAS M. HOLSINGER</b></p> <p>Mailing Address 1014 Franklin Street</p> <p>City State Zip Code  Roaring Spring PA 16673</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.272976</b></p> <p>Amount of Each Receipt this Period  45.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>79.62</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. COLLEEN HOMAN</b></p> <p>Mailing Address 6515 Forest Court</p> <p>City Windsor Heights State IA Zip Code 50324</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61 Occupation DELEGATE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>457.00</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.272543</b></p> <p>Amount of Each Receipt this Period  <b>20.00</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>B. DANNY J. HOMAN</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61 Occupation PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>1280.00</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.272544</b></p> <p>Amount of Each Receipt this Period  <b>80.00</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>C. DANNY J. HOMAN</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61 Occupation PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <b>1350.00</b></p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270580</b></p> <p>Amount of Each Receipt this Period  <b>70.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><b>170.00</b></p>

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. FRANCINE W. HONDA</b></p> <p>Mailing Address 888 Mililani Street Suite 601</p> <p>City Honolulu State HI Zip Code 96813-2991</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272600</b></p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER HOOSER</b></p> <p>Mailing Address 615 South Second Street</p> <p>City Decatur State IL Zip Code 62526</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.08</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272877</b></p> <p>Amount of Each Receipt this Period 8.40</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN D. HORN</b></p> <p>Mailing Address 8615 Maineville Road</p> <p>City Maineville State OH Zip Code 45039</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 346.32</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272373</b></p> <p>Amount of Each Receipt this Period 19.24</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		52.64
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JOHN D. HORN**

Mailing Address 8615 Maineville Road

City

Maineville

State

OH

Zip Code

45039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	8			2	0	1	2		

Transaction ID : SA11AI.272430

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. TIMOTHY M. HOSHAL**

Mailing Address P.O. Box 239

City

Coleraine

State

MN

Zip Code

55722

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

592.92

Date of Receipt

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

Transaction ID : SA11AI.272219

Amount of Each Receipt this Period

65.88

Full Name (Last, First, Middle Initial)

**C. CHRISTINE R. HOSKINS**

Mailing Address 8306 James Street

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MEMBER SERVICES COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

671.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	2		

Transaction ID : SA11AI.270130

Amount of Each Receipt this Period

40.38

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

125.50

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

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHRISTINE R. HOSKINS**

Mailing Address 8306 James Street

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MEMBER SERVICES COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

712.26

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270327

Amount of Each Receipt this Period

40.38

Full Name (Last, First, Middle Initial)

**B. JAMES L. HOUSE**

Mailing Address 1308 Koestner  
Apt. 1

City

Burlington

State

IA

Zip Code

52601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA RET CHPT 61

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012

Transaction ID : SA11AI.273589

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. GLORIA J HOWELL**

Mailing Address 1801 E Dunedin Road

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272476

Amount of Each Receipt this Period

12.50

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

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

302.88

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GLORIA J HOWELL**

Mailing Address 1801 E Dunedin Road

City	State	Zip Code
Columbus	OH	43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272506

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. MELANIE S. HOYLE**

Mailing Address P.O. Box 2331

City	State	Zip Code
Springfield	IL	62705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

ADMIN ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

382.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.272726

Amount of Each Receipt this Period

44.96

Full Name (Last, First, Middle Initial)

**C. ROBERT J. HUBBARD**

Mailing Address 55 Pioneer Road

City	State	Zip Code
Weiser	ID	83672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75/STATE OF OR

Occupation

SECURITY GUARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272565

Amount of Each Receipt this Period

20.82

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

78.28

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. REGINA G. HUDSON**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270835

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. REGINA G. HUDSON**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271131

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. RONALD HUDSON**

Mailing Address 29 N Wacker

City Chicago State IL Zip Code 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.70

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272836

Amount of Each Receipt this Period

60.80

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

84.80

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. ELIZABETH K. HUFFMAN</b></p> <p>Mailing Address 7429 Inman Ave South</p> <p>City State Zip Code  Cottage Grove MN 55016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L FIELD OFFICE ASSISTANT I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  281.70</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270131</b></p> <p>Amount of Each Receipt this Period  17.02</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. ELIZABETH K. HUFFMAN</b></p> <p>Mailing Address 7429 Inman Ave South</p> <p>City State Zip Code  Cottage Grove MN 55016</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L FIELD OFFICE ASSISTANT I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  298.72</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270328</b></p> <p>Amount of Each Receipt this Period  17.02</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. SAMUEL M. HUGGINS</b></p> <p>Mailing Address 235 Scenic Hill Drive</p> <p>City State Zip Code  Carnegie PA 15106</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L REGIONAL FIELD ADMINISTRATOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  292.05</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270132</b></p> <p>Amount of Each Receipt this Period  32.45</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>66.49</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. SAMUEL M. HUGGINS</b></p> <p>Mailing Address 235 Scenic Hill Drive</p> <p>City State Zip Code  Carnegie PA 15106</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L REGIONAL FIELD ADMINISTRATOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  324.50</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270329</b></p> <p>Amount of Each Receipt this Period  32.45</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. JACK E. HUGHES</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City State Zip Code  Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MD CN 982 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  457.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272330</b></p> <p>Amount of Each Receipt this Period  50.84</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. JEFFREY HUGHES</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City State Zip Code  Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MD CN 982 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  511.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272331</b></p> <p>Amount of Each Receipt this Period  56.84</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			140.13		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CHUNG HUI**

Mailing Address 21235 Bunyan Circle

City State Zip Code  
Germantown MD 20876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL FINANCE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.61

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270133

Amount of Each Receipt this Period

41.33

Full Name (Last, First, Middle Initial)

**B. CHUNG HUI**

Mailing Address 21235 Bunyan Circle

City State Zip Code  
Germantown MD 20876

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL FINANCE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270330

Amount of Each Receipt this Period

41.33

Full Name (Last, First, Middle Initial)

**C. MICHELLE R. HUNTER**

Mailing Address 436 S. Kilmer Street

City State Zip Code  
Dayton OH 45408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271821

Amount of Each Receipt this Period

11.00

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

93.66

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. NANCY J. IANSON</b></p> <p>Mailing Address 16 Plitt Avenue</p> <p>City Farmingdale State NY Zip Code 11735</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  240.92</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273551</b></p> <p>Amount of Each Receipt this Period  9.62</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. NANCY J. IANSON</b></p> <p>Mailing Address 16 Plitt Avenue</p> <p>City Farmingdale State NY Zip Code 11735</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  250.54</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 20 / 2012  <b>Transaction ID : SA11AI.273552</b></p> <p>Amount of Each Receipt this Period  9.62</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. CARLA INSINGA-MINSER</b></p> <p>Mailing Address 4287 South Carolina Drive</p> <p>City Blue Ridge State PA Zip Code 17112</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation ORGANIZING DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1138.90</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270514</b></p> <p>Amount of Each Receipt this Period  98.18</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			117.42	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. ANNE IRVING</b></p> <p>Mailing Address 5243 N. Lind Avenue</p> <p>City State Zip Code  Chicago IL 60630</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 DIRECTOR OF PUBLIC POLICY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  586.72</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272837</b></p> <p>Amount of Each Receipt this Period  73.34</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. LISA L. IRWIN</b></p> <p>Mailing Address 402 Hamilton Street</p> <p>City State Zip Code  McKees Rock PA 15136</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13/STATE OF PA TUNNEL MANAGER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  295.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.272978</b></p> <p>Amount of Each Receipt this Period  12.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. RUSSELL H. IRWIN</b></p> <p>Mailing Address 952 N. 1st Street</p> <p>City State Zip Code  Springfield IL 62702</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31/STATE OF IL ENVIRONMENTALIST</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  425.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272729</b></p> <p>Amount of Each Receipt this Period  50.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>135.34</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. WILLIAM ISLER**

Mailing Address 7708 Quest Lane

City State Zip Code  
 Bowie MD 20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270134

Amount of Each Receipt this Period

42.52

Full Name (Last, First, Middle Initial)

**B. WILLIAM ISLER**

Mailing Address 7708 Quest Lane

City State Zip Code  
 Bowie MD 20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

MANAGER, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270331

Amount of Each Receipt this Period

42.52

Full Name (Last, First, Middle Initial)

**C. ALBERT JACKSON**

Mailing Address 3690 Orange Place  
 Suite 550

City State Zip Code  
 Beachwood OH 44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.272374

Amount of Each Receipt this Period

19.24

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

104.28

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALBERT JACKSON**

Mailing Address 3690 Orange Place  
Suite 550

City State Zip Code  
Beachwood OH 44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272431

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. GRETA JACKSON**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272332

Amount of Each Receipt this Period

46.66

Full Name (Last, First, Middle Initial)

**C. JERRY JACKSON-FOWLKES**

Mailing Address 3385 Penfield Road

City State Zip Code  
Columbus OH 44327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271467

Amount of Each Receipt this Period

15.00

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

80.90

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

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. JERRY JACKSON-FOWLKES</b></p> <p>Mailing Address 3385 Penfield Road</p> <p>City State Zip Code Columbus OH 44327</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 221.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271825</b></p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CHERYL JAMES</b></p> <p>Mailing Address 1234 Mass Avenue Apt 404</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 207.50</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270135</b></p> <p>Amount of Each Receipt this Period 5.50</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CHERYL JAMES</b></p> <p>Mailing Address 1234 Mass Avenue Apt 404</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L OFFICE ASSISTANT III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 213.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270332</b></p> <p>Amount of Each Receipt this Period 5.50</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>26.00</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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

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

 FOR LINE NUMBER: PAGE 239 OF 628  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JUSTUS JAMES**

Mailing Address 1705 Platt Court

City	State	Zip Code
Allentown	PA	18104

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.95

Date of Receipt

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

Transaction ID : SA11AI.270515

Amount of Each Receipt this Period

67.70

Full Name (Last, First, Middle Initial)

**B. STEVEN E. JAMES**

Mailing Address 2044 Kensington Street

City	State	Zip Code
Harrisburg	PA	17104-1924

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.272979

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. EDWIN S. JAYNE**

Mailing Address 3304 Alabama Avenue

City	State	Zip Code
Alexandria	VA	22305

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.270136

Amount of Each Receipt this Period

56.94

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

184.64

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

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

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

FOR LINE NUMBER: PAGE 240 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1024.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.270333

Amount of Each Receipt this Period

56.94

Full Name (Last, First, Middle Initial)

B. HOLLY A. JENKINS

Mailing Address 11 Whitney Drive

City

Fremont

State

OH

Zip Code

43420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	1	2

Transaction ID : SA11AI.271468

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. HOLLY A. JENKINS

Mailing Address 11 Whitney Drive

City

Fremont

State

OH

Zip Code

43420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

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

Transaction ID : SA11AI.271826

Amount of Each Receipt this Period

12.00

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

80.94

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



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

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

FOR LINE NUMBER: PAGE 241 OF 628  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. PAMELA L. JENKINS</b></p> <p>Mailing Address 47604 Sandbank Square</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 898.73</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 14 / 2012  <b>Transaction ID : SA11AI.270137</b> </p> <p>Amount of Each Receipt this Period 57.73</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. PAMELA L. JENKINS</b></p> <p>Mailing Address 47604 Sandbank Square</p> <p>City Potomac Falls State VA Zip Code 20165</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 956.46</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 28 / 2012  <b>Transaction ID : SA11AI.270334</b> </p> <p>Amount of Each Receipt this Period 57.73</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LYNDIA JENNINGS</b></p> <p>Mailing Address 1649 Franklin Park S.</p> <p>City Columbus State OH Zip Code 43205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 216.00</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 07 / 2012  <b>Transaction ID : SA11AI.271469</b> </p> <p>Amount of Each Receipt this Period 12.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			127.46	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 242 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LYNDIA JENNINGS**

Mailing Address 1649 Franklin Park S.

City	State	Zip Code
Columbus	OH	43205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271827

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. FRANK X. JEREZ**

Mailing Address 94 Karatzas Avenue

City	State	Zip Code
Manchester	NH	03014-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270138

Amount of Each Receipt this Period

42.52

Full Name (Last, First, Middle Initial)

**C. FRANK X. JEREZ**

Mailing Address 94 Karatzas Avenue

City	State	Zip Code
Manchester	NH	03014-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270335

Amount of Each Receipt this Period

42.52

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

97.04

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

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

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

FOR LINE NUMBER: PAGE 243 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LOUELLA JETER**

Mailing Address 1620 Tendril Court

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271470

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. LOUELLA JETER**

Mailing Address 1620 Tendril Court

City	State	Zip Code
Columbus	OH	43229

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271828

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. KENYA JOHNSON**

Mailing Address 1934 Berkeley Road

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271477

Amount of Each Receipt this Period

12.00

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

32.00

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

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

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

FOR LINE NUMBER: PAGE 244 OF 628  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. KENYA JOHNSON</b></p> <p>Mailing Address 1934 Berkeley Road</p> <p>City State Zip Code Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 228.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271835</b></p> <p>Amount of Each Receipt this Period 12.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. KIMBERLY JOHNSON</b></p> <p>Mailing Address 1727 207th Lane NE</p> <p>City State Zip Code East Bethel MN 55011</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273115</b></p> <p>Amount of Each Receipt this Period 20.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SETH M JOHNSON</b></p> <p>Mailing Address 727 7th Street NE</p> <p>City State Zip Code Washington DC 20002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1728.43</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270139</b></p> <p>Amount of Each Receipt this Period 102.20</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		134.20
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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

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

FOR LINE NUMBER: PAGE 245 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. **SETH M JOHNSON**

Mailing Address 727 7th Street NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1830.63

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270336

Amount of Each Receipt this Period

102.20

Full Name (Last, First, Middle Initial)

B. **WINSTON JOHNSON**

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272104

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. **WINSTON JOHNSON**

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272151

Amount of Each Receipt this Period

29.12

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

160.44

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. JOANN JOHNTONY</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273623</b></p>		
<p>Mailing Address 973 Shannon Road</p>			<p>Amount of Each Receipt this Period  19.24</p>		
<p>City Girard</p>	<p>State OH</p>	<p>Zip Code 44420</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer AFSCME OH LOC 4/GIRARD CSD</p>		<p>Occupation HEAD CUSTODIAN</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  526.82</p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. STEVEN JOINER</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272838</b></p>		
<p>Mailing Address 247 Maple Street</p>			<p>Amount of Each Receipt this Period  39.08</p>		
<p>City Chester</p>	<p>State IL</p>	<p>Zip Code 62233</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer AFSCME IL CN 31</p>		<p>Occupation CONTRACT ADMINISTRATOR</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  496.72</p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. GERARD P. JOLLY</b></p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.271480</b></p>		
<p>Mailing Address 2107 Twin Flower Circle</p>			<p>Amount of Each Receipt this Period  25.00</p>		
<p>City Grove City</p>	<p>State OH</p>	<p>Zip Code 43123</p>			
<p>FEC ID number of contributing federal political committee.  C</p>					
<p>Name of Employer AFSCME OH LOC 11/STATE OF OH</p>		<p>Occupation FISCAL SPECIALIST I</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼  450.00</p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			83.32		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

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

FOR LINE NUMBER: PAGE 247 OF 628

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GERARD P. JOLLY**

Mailing Address 2107 Twin Flower Circle

City State Zip Code  
 Grove City OH 43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 11/STATE OF OH

Occupation  
 FISCAL SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271838

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. ANTHONY JONES**

Mailing Address 3240 Windwood Place NE

City State Zip Code  
 Olympia WA 98506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28

Occupation  
 COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270624

Amount of Each Receipt this Period

33.00

Full Name (Last, First, Middle Initial)

**C. GERALD E. JONES**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
 Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273279

Amount of Each Receipt this Period

40.00

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

98.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

## **A. GERALD E. JONES**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273408

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **B. GRACE E. JONES**

Mailing Address 2604 Brookview Drive

City State Zip Code  
Burnsville MN 55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273118

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. IDA M. JONES**

Mailing Address 619 E. Markison Avenue

City State Zip Code  
Columbus OH 43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
TEACHER AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272477

Amount of Each Receipt this Period

12.50

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

82.50

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



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

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. IDA M. JONES

Mailing Address 619 E. Markison Avenue

City	State	Zip Code
Columbus	OH	43207

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

TEACHER AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272507

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. JACQUELYN P. JONES

Mailing Address 190 W. Ostend Street  
Suite 101

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272333

Amount of Each Receipt this Period

42.08

Full Name (Last, First, Middle Initial)

C. LORETTA L. JONES

Mailing Address 109 E. Iroquois Trail

City	State	Zip Code
Sandusky	OH	44870

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271481

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional).....▶

66.58

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LORETTA L. JONES**

Mailing Address 109 E. Iroquois Trail

City

Sandusky

State

OH

Zip Code

44870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

OFFICE ASSISTANT I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

228.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271839

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. MICHAEL J. JONES**

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

09 / 26 / 2012

Transaction ID : SA11AI.272053

Amount of Each Receipt this Period

68.00

Full Name (Last, First, Middle Initial)

**C. TOAYIA JONES**

Mailing Address 7571 Bayview Club Drive  
Apt. 2D

City

Indianapolis

State

IN

Zip Code

46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.05

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270140

Amount of Each Receipt this Period

26.85

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

106.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. TOAYIA JONES**

Mailing Address 7571 Bayview Club Drive  
Apt. 2D

City State Zip Code  
Indianapolis IN 46250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.90

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270337

Amount of Each Receipt this Period

26.85

Full Name (Last, First, Middle Initial)

## **B. JACQUELINE L. JONES-WALSH**

Mailing Address 12401 Renton Avenue S.  
Apt. 307

City State Zip Code  
Seattle WA 98178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270842

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **C. JACQUELINE L. JONES-WALSH**

Mailing Address 12401 Renton Avenue S.  
Apt. 307

City State Zip Code  
Seattle WA 98178

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271138

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

68.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. TERESA JOPPA**

Mailing Address 3911 7th Street

City State Zip Code  
Moorehead MN 56560

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272220

Amount of Each Receipt this Period

18.00

Full Name (Last, First, Middle Initial)

## **B. RACHEL JORDAN**

Mailing Address 7836 Peachmont Avenue NW

City State Zip Code  
North Canton OH 44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272375

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **C. RACHEL JORDAN**

Mailing Address 7836 Peachmont Avenue NW

City State Zip Code  
North Canton OH 44720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272432

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

58.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PEGGY A. JOSEPH**

Mailing Address 5266 Dillon Hills Drive

City

Nashport

State

OH

Zip Code

43830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

246.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271484

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**B. PEGGY A. JOSEPH**

Mailing Address 5266 Dillon Hills Drive

City

Nashport

State

OH

Zip Code

43830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271842

Amount of Each Receipt this Period

17.00

Full Name (Last, First, Middle Initial)

**C. THERESA M. JOSEPH**

Mailing Address 129 E. Northgate Parkway

City

Toledo

State

OH

Zip Code

43612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON LS

Occupation

TEACHER AIDE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

203.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.273625

Amount of Each Receipt this Period

9.62

SUBTOTAL of Receipts This Page (optional)..... ►

43.62

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 254 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CHARLES JURGONIS**

Mailing Address 11704 Bobs Ford Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2785.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270141

Amount of Each Receipt this Period

163.88

Full Name (Last, First, Middle Initial)

**B. CHARLES JURGONIS**

Mailing Address 11704 Bobs Ford Road

City	State	Zip Code
Fairfax	VA	22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2949.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270338

Amount of Each Receipt this Period

163.88

Full Name (Last, First, Middle Initial)

**C. CHRISTINA P. KAOH**Mailing Address 3607 10th Street NW  
Apt. A

City	State	Zip Code
Washington	DC	20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270142

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

342.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. CHRISTINA P. KAOH</b></p> <p>Mailing Address 3607 10th Street NW  Apt. A</p> <p>City Washington State DC Zip Code 20010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  265.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270339</b></p> <p>Amount of Each Receipt this Period  15.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. RONALD G. KAPUNIAI</b></p> <p>Mailing Address 45-222 Keana Road</p> <p>City Kaneohe State HI Zip Code 96744-2318</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  244.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 17 / 2012  <b>Transaction ID : SA11AI.272603</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. CASEY L. KARNS</b></p> <p>Mailing Address 1214 Buffalo Street</p> <p>City Franklin State PA Zip Code 16323</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.272981</b></p> <p>Amount of Each Receipt this Period  60.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>96.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 256 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. STUART KATZENBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272334</b>	
Mailing Address 190 W. Ostend Street Suite 101 City Baltimore State MD Zip Code 21230		Amount of Each Receipt this Period 55.84	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MD CN 982		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 502.56	
Full Name (Last, First, Middle Initial) <b>B. JASON KAY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272839</b>	
Mailing Address 2000 Cleveland City Evanston State IL Zip Code 60202		Amount of Each Receipt this Period 73.34	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31		Occupation POLITICAL ACTION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 586.72	
Full Name (Last, First, Middle Initial) <b>C. ALAN E. KEARNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272932</b>	
Mailing Address 9254 Highland Creek Road City Bloomington State MN Zip Code 55437		Amount of Each Receipt this Period 60.34	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 543.06	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		189.52	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ROBERT E. KELLER</b></p> <p>Mailing Address 5428 78th Avenue NW</p> <p>City Olympia State WA Zip Code 98502</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 414.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270626</b></p> <p>Amount of Each Receipt this Period  46.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. SUSAN M. KELLER</b></p> <p>Mailing Address 5428 78th Avenue NW</p> <p>City Olympia State WA Zip Code 98502</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 430.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270627</b></p> <p>Amount of Each Receipt this Period  42.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JOHN W. KELLEY</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City Des Moines State IA Zip Code 50313</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.77</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : SA11AI.273409</b></p> <p>Amount of Each Receipt this Period  11.81</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>99.81</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. DONALD JOSEPH KELLY</b></p> <p>Mailing Address 23 Glen Drive</p> <p>City State Zip Code  Troy NY 12180</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME NY LOC 1000 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  415.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273535</b></p> <p>Amount of Each Receipt this Period  19.24</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. DONALD JOSEPH KELLY</b></p> <p>Mailing Address 23 Glen Drive</p> <p>City State Zip Code  Troy NY 12180</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME NY LOC 1000 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  434.80</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.273542</b></p> <p>Amount of Each Receipt this Period  19.24</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. LYNN E. KEMP</b></p> <p>Mailing Address 390 Worthington Road</p> <p>City State Zip Code  Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 11 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  220.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.272054</b></p> <p>Amount of Each Receipt this Period  40.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>78.48</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JOSEPH A. KENDO</b></p> <p>Mailing Address 2119 N 59th Street</p> <p>City State Zip Code          Seattle WA 98103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME WA CN 28 COUNCIL REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          360.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 11 / 2012  <b>Transaction ID : SA11AI.270628</b></p> <p>Amount of Each Receipt this Period          40.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. ADRIENNE J. KERN</b></p> <p>Mailing Address P.O. Box 44</p> <p>City State Zip Code          Hawthorne WI 54842</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          465.30</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.272933</b></p> <p>Amount of Each Receipt this Period          51.70</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JOANNE KICKEN</b></p> <p>Mailing Address 271 W. Mason Avenue</p> <p>City State Zip Code          Buckley WA 98321</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          425.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 10 / 2012  <b>Transaction ID : SA11AI.270846</b></p> <p>Amount of Each Receipt this Period          25.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		116.70
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. JOANNE KICKEN

Mailing Address 271 W. Mason Avenue

City State Zip Code  
 Buckley WA 98321

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271142

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City State Zip Code  
 Saint Paul MN 55106

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.08

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272934

Amount of Each Receipt this Period

71.12

Full Name (Last, First, Middle Initial)

C. GREGORY J. KING

Mailing Address 147 W Linvale Street

City State Zip Code  
 Baltimore MD 21217

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

997.98

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270143

Amount of Each Receipt this Period

56.94

SUBTOTAL of Receipts This Page (optional)..... ►

153.06

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1054.92

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	2		

Transaction ID : SA11AI.270340

Amount of Each Receipt this Period

56.94

Full Name (Last, First, Middle Initial)

B. SPENCER KING

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	0			2	0	1	2		

Transaction ID : SA11AI.270848

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. SPENCER KING

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

257.50

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	5			2	0	1	2		

Transaction ID : SA11AI.271144

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DEBRA L. KING-HUTCHINSON**

Mailing Address 1545 Smith Road

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LABOR MARKET ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271491

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. DEBRA L. KING-HUTCHINSON**

Mailing Address 1545 Smith Road

City

Columbus

State

OH

Zip Code

43207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

LABOR MARKET ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271849

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. GABRIEL KIRCHNER**

Mailing Address 7901 Southwind Drive

City

Austin

State

TX

Zip Code

78745

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.273576

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GABRIEL KIRCHNER**

Mailing Address 7901 Southwind Drive

City	State	Zip Code
Austin	TX	78745

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.273578

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. GABRIEL KIRCHNER**

Mailing Address 7901 Southwind Drive

City	State	Zip Code
Austin	TX	78745

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME TX LOC 1624

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.273579

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. SHARON A. KIRSCHER**

Mailing Address 8406 Red Oak Drive

City	State	Zip Code
Mounds View	MN	55112

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.273124

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ERIKA A. KLEVEN</b></p> <p>Mailing Address 1266 250th Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Avoca</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 56114</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MN CN 5/STATE OF MN</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Avoca	State MN	Zip Code 56114	Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 28 / 2012</span> </div> <p><b>Transaction ID : SA11AI.273125</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>30.00</span> </div>	
City Avoca	State MN	Zip Code 56114							
Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>B. KELLIE A. KLIMCZAK</b></p> <p>Mailing Address 11602 203rd Avenue E.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bonney Lake</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98391</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/SOWA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Bonney Lake	State WA	Zip Code 98391	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 10 / 2012</span> </div> <p><b>Transaction ID : SA11AI.270850</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12.50</span> </div>	
City Bonney Lake	State WA	Zip Code 98391							
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial) <b>C. KELLIE A. KLIMCZAK</b></p> <p>Mailing Address 11602 203rd Avenue E.</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bonney Lake</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98391</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/SOWA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>			City Bonney Lake	State WA	Zip Code 98391	Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 25 / 2012</span> </div> <p><b>Transaction ID : SA11AI.271146</b></p> <p>Amount of Each Receipt this Period</p> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12.50</span> </div>	
City Bonney Lake	State WA	Zip Code 98391							
Name of Employer AFSCME WA CN 28/SOWA	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>55.00</span> </div>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>						



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. CAROLYN KLINGLESMTIH</b> Full Name (Last, First, Middle Initial) Mailing Address 10700 Grecian Road City Louisville State KY Zip Code 40272 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 ▼ 1538.10			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270145</b> Amount of Each Receipt this Period 103.09
<b>B. CAROLYN KLINGLESMTIH</b> Full Name (Last, First, Middle Initial) Mailing Address 10700 Grecian Road City Louisville State KY Zip Code 40272 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 ▼ 1641.19			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270342</b> Amount of Each Receipt this Period 103.09
<b>C. BRIAN W. KLOPP</b> Full Name (Last, First, Middle Initial) Mailing Address 6711 Queens Chapel Road City University Park State MD Zip Code 20782 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 689.85			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270146</b> Amount of Each Receipt this Period 41.33
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			247.51
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 266 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BRIAN W. KLOPP**

Mailing Address 6711 Queens Chapel Road

City	State	Zip Code
University Park	MD	20782

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270343

Amount of Each Receipt this Period

41.33

Full Name (Last, First, Middle Initial)

**B. CHRISTINE KNAPP**

Mailing Address 255 Trail East

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.272376

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**C. CHRISTINE KNAPP**

Mailing Address 255 Trail East

City	State	Zip Code
Pataskala	OH	43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SA11AI.272433

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

61.33

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. **NANCY KNEPP**

Mailing Address 22 Edgewood Drive

City

Mechanicsburg

State

PA

Zip Code

17055

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 ▼

676.73

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270516

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

B. **JOHN KOHLHEPP**

Mailing Address 615 S. 2nd Street

City

Springfield

State

IL

Zip Code

62705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272841

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

C. **DOUGLAS M. KORBA**

Mailing Address P.O. Box 172

City

Bannock

State

OH

Zip Code

43972

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271854

Amount of Each Receipt this Period

11.00

SUBTOTAL of Receipts This Page (optional)..... ►

151.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1240.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270147

Amount of Each Receipt this Period

72.96

Full Name (Last, First, Middle Initial)

B. KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1313.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270344

Amount of Each Receipt this Period

72.96

Full Name (Last, First, Middle Initial)

C. LYNN A. KRATZ

Mailing Address 326 Brentwood Drive  
P.O. Box 8453

City

Cedar Rapids

State

IA

Zip Code

52408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.44

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273284

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

165.92

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 269 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LYNN A. KRATZ**
 Mailing Address 326 Brentwood Drive  
 P.O. Box 8453

City	State	Zip Code
Cedar Rapids	IA	52408

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.273413

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. LORETTA K. KREIGER**

Mailing Address 55 Circle Drive

City	State	Zip Code
Medina	OH	44256

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271498

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. LORETTA K. KREIGER**

Mailing Address 55 Circle Drive

City	State	Zip Code
Medina	OH	44256

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271856

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ▶

44.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. STEVEN KREISBERG</b></p> <p>Mailing Address 9954 Whitewater Drive</p> <p>City State Zip Code          Burke VA 22015</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L ASSOCIATE DIRECTOR, RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          967.98</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.270148</b></p> <p>Amount of Each Receipt this Period          56.94</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. STEVEN KREISBERG</b></p> <p>Mailing Address 9954 Whitewater Drive</p> <p>City State Zip Code          Burke VA 22015</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L ASSOCIATE DIRECTOR, RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1024.92</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 28 / 2012  <b>Transaction ID : SA11AI.270345</b></p> <p>Amount of Each Receipt this Period          56.94</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. BARBARA KREMP</b></p> <p>Mailing Address 302 Donnelly Avenue</p> <p>City State Zip Code          Aston PA 19014</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          695.02</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 11 / 2012  <b>Transaction ID : SA11AI.270517</b></p> <p>Amount of Each Receipt this Period          73.16</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		187.04
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 271 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. CAROLEE C KUBO</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 17 / 2012</div> </div> <b>Transaction ID : SA11AI.272606</b> </p>		
<p>Mailing Address 1919 Young Street</p>					
City	State	Zip Code			
Honolulu	HI	96826			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME HI LOC 152		STAFF REPRESENTATIVE			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>225.00</div>			
<p>Full Name (Last, First, Middle Initial)  <b>B. RONALD D. KUCHLER</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 10 / 2012</div> </div> <b>Transaction ID : SA11AI.270851</b> </p>		
<p>Mailing Address P.O. Box 3019</p>					
City	State	Zip Code			
Port Angeles	WA	98362			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME WA CN 28/STATE OF WA		STAFF REPRESENTATIVE			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>595.00</div>			
<p>Full Name (Last, First, Middle Initial)  <b>C. RONALD D. KUCHLER</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 25 / 2012</div> </div> <b>Transaction ID : SA11AI.271147</b> </p>		
<p>Mailing Address P.O. Box 3019</p>					
City	State	Zip Code			
Port Angeles	WA	98362			
<p>FEC ID number of contributing federal political committee.</p>			<div>C</div>		
<p>Name of Employer</p>		<p>Occupation</p>			
AFSCME WA CN 28/STATE OF WA		STAFF REPRESENTATIVE			
<p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼</p> <div>630.00</div>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div>95.00</div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div></div>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 272 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MICHAEL G. KUCHTA**

Mailing Address 300 Hardman Avenue South

City	State	Zip Code
South St. Paul	MN	55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272935

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. JAMIE G. KUHNER**

Mailing Address 390 Worthington Road

City	State	Zip Code
Westerville	OH	43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.272056

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. ANDREW KUJAN**Mailing Address 190 W. Ostend Street  
Suite 101

City	State	Zip Code
Baltimore	MD	21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272335

Amount of Each Receipt this Period

42.08

SUBTOTAL of Receipts This Page (optional)..... ►

112.08

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. STEVEN F. KULLMAN**

Mailing Address 310 Timber Run Road

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271501

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. STEVEN F. KULLMAN**

Mailing Address 310 Timber Run Road

City

Zanesville

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271859

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. RANDALL KURTZ**

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

776.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270852

Amount of Each Receipt this Period

45.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RANDALL KURTZ**

Mailing Address 8019 64th Drive NE

City State Zip Code  
 Marysville WA 98270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271148

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. PATRICIA K. KWIATKOWSKI**

Mailing Address 17420 Aquasco Farm Road

City State Zip Code  
 Aquasco MD 20608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME INT'L

Occupation  
 EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.85

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270149

Amount of Each Receipt this Period

39.05

Full Name (Last, First, Middle Initial)

**C. PATRICIA K. KWIATKOWSKI**

Mailing Address 17420 Aquasco Farm Road

City State Zip Code  
 Aquasco MD 20608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME INT'L

Occupation  
 EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270346

Amount of Each Receipt this Period

39.05

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

123.10

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FRANCIS M. LALLY III**

Mailing Address 5 Vansant Rd., Deacon's Walk

City	State	Zip Code
Newark	DE	19711

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SA11AI.272196

Amount of Each Receipt this Period

65.34

Full Name (Last, First, Middle Initial)

**B. JOSE A. LALUZ JR.**Mailing Address 6255 Bent Pine Drive  
Apt. 722A

City	State	Zip Code
Orlando	FL	32822

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270150

Amount of Each Receipt this Period

60.19

Full Name (Last, First, Middle Initial)

**C. JOSE A. LALUZ JR.**Mailing Address 6255 Bent Pine Drive  
Apt. 722A

City	State	Zip Code
Orlando	FL	32822

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270347

Amount of Each Receipt this Period

60.19

SUBTOTAL of Receipts This Page (optional)..... ▶

185.72

TOTAL This Period (last page this line number only)..... ▶

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

430.71

50.08

364.58

47.16

643.08

69.76

167.00

[illegible]

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. EDWARD LAPORTE**

Mailing Address 5622 Columbia

City

St. Louis

State

MO

Zip Code

63139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272878

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**B. JERRY S. LARICCHIUTA**

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273553

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. JERRY S. LARICCHIUTA**

Mailing Address 117 Van Buren Street

City

Massapequa Park

State

NY

Zip Code

11762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NASSAU CNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 20 / 2012

Transaction ID : SA11AI.273554

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

46.88

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DANA LARSON**

Mailing Address 8111 Lake Plesant Rd

City State Zip Code  
 Erie PA 16509

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 ▼

353.70

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270518

Amount of Each Receipt this Period

39.30

Full Name (Last, First, Middle Initial)

**B. DONALD W. LARSON**

Mailing Address 452 W Scott Street

City State Zip Code  
 Fond du Lac WI 54937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.272266

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. DONALD W. LARSON**

Mailing Address 452 W Scott Street

City State Zip Code  
 Fond du Lac WI 54937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.272267

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

79.30

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. SUSAN J. LARUE</b></p> <p>Mailing Address 106 Haskell Drive</p> <p>City Lancaster State PA Zip Code 17601</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13/STATE OF PA Occupation CLERICAL/ADMINISTRATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.272983</b></p> <p>Amount of Each Receipt this Period  45.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. RHONDA L LATHON</b></p> <p>Mailing Address 8521 Moon Glass Court</p> <p>City Columbia State MD Zip Code 21045</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 710.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270151</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RHONDA L LATHON</b></p> <p>Mailing Address 8521 Moon Glass Court</p> <p>City Columbia State MD Zip Code 21045</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 740.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270348</b></p> <p>Amount of Each Receipt this Period  30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>105.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. JEANETTE LEBRECHT</b> Full Name (Last, First, Middle Initial) Mailing Address 6071 Ravenswicke Terrace City State Zip Code Davie FL 33331 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 765.51			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270153</b> Amount of Each Receipt this Period 45.03
<b>B. JEANETTE LEBRECHT</b> Full Name (Last, First, Middle Initial) Mailing Address 6071 Ravenswicke Terrace City State Zip Code Davie FL 33331 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 810.54			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270350</b> Amount of Each Receipt this Period 45.03
<b>C. ROBIN C. LEDBETTER</b> Full Name (Last, First, Middle Initial) Mailing Address 12002 NE Roosevelt Way C-302 City State Zip Code Seattle WA 98125 FEC ID number of contributing federal political committee. C Name of Employer Occupation AFSCME WA CN 28 COUNCIL REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270630</b> Amount of Each Receipt this Period 42.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			132.06
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ALAN L LEE</b></p> <p>Mailing Address 950 Seven Hills Drive #522</p> <p>City Henderson State NV Zip Code 89052</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 731.74</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270154</b></p> <p>Amount of Each Receipt this Period 43.45</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ALAN L LEE</b></p> <p>Mailing Address 950 Seven Hills Drive #522</p> <p>City Henderson State NV Zip Code 89052</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 775.19</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270351</b></p> <p>Amount of Each Receipt this Period 43.45</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SUE C. LEE-ALLEN</b></p> <p>Mailing Address 7935 SW Santolina Place</p> <p>City Beaverton State OR Zip Code 97008-6272</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OR CN 75 Occupation ORGANIZING DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 693.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273664</b></p> <p>Amount of Each Receipt this Period 70.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		156.90
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ERIC N. LEHTO**

Mailing Address 2122 West 2nd Street  
Apt. #2

City State Zip Code  
Duluth MN 55086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272936

Amount of Each Receipt this Period

103.22

Full Name (Last, First, Middle Initial)

**B. LORRAINE K. LEICHNER**

Mailing Address 590 S. Everett Avenue

City State Zip Code  
Columbus OH 43213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

RECORDS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271867

Amount of Each Receipt this Period

11.00

Full Name (Last, First, Middle Initial)

**C. JACKIE D. LEISURE**

Mailing Address 1600 28th Street NW

City State Zip Code  
Canton OH 44709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/CANTON CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.14

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273627

Amount of Each Receipt this Period

19.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

133.45

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ROBERT M. LELIS</b></p> <p>Mailing Address 7805 Normandie Blvd. Apt. E</p> <p>City Cleveland State OH Zip Code 44130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271510</b></p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ROBERT M. LELIS</b></p> <p>Mailing Address 7805 Normandie Blvd. Apt. E</p> <p>City Cleveland State OH Zip Code 44130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271868</b></p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. DINO LEONE</b></p> <p>Mailing Address 9115 Turkey Hollow Rd.</p> <p>City Taylor Ridge State IL Zip Code 61284</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 558.08</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272844</b></p> <p>Amount of Each Receipt this Period 69.76</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>99.76</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DAVID J. LEVIN**

Mailing Address 41 Florence Place

City

Pittsburgh

State

PA

Zip Code

15228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.272984

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**B. ROGER LEVINGS**

Mailing Address 206 East Dunklin Street

City

Jefferson City

State

MO

Zip Code

65101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.64

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272202

Amount of Each Receipt this Period

19.79

Full Name (Last, First, Middle Initial)

**C. ROGER LEVINGS**

Mailing Address 206 East Dunklin Street

City

Jefferson City

State

MO

Zip Code

65101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

488.43

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.272210

Amount of Each Receipt this Period

19.79

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

63.58

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. SUSAN T. LEVITAN</b></p> <p>Mailing Address 2650 Worrell Court</p> <p>City State Zip Code Crofton MD 21114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 801.04</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270155</b></p> <p>Amount of Each Receipt this Period 47.12</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. SUSAN T. LEVITAN</b></p> <p>Mailing Address 2650 Worrell Court</p> <p>City State Zip Code Crofton MD 21114</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 848.16</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270352</b></p> <p>Amount of Each Receipt this Period 47.12</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KAREN S. LEVY-MCCANNA</b></p> <p>Mailing Address 221 East 13th</p> <p>City State Zip Code Lockport IL 60441</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL EXECUTIVE II</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 510.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272741</b></p> <p>Amount of Each Receipt this Period 90.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>184.24</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SARAH LEWERENZ**

Mailing Address 6997 West Van Road

City

Duluth

State

MN

Zip Code

55803-9359

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

651.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	2

Transaction ID : SA11AI.272222

Amount of Each Receipt this Period

70.12

Full Name (Last, First, Middle Initial)

**B. CORDELIA M. LEWIS**

Mailing Address P.O. Box 5149

City

Boston

State

MA

Zip Code

02206-5149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SA11AI.270449

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. GREG LEWIS**

Mailing Address 1816 E. 22nd Street

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SA11AI.272547

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

160.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. JENNIE A. LEWIS</b></p> <p>Mailing Address 390 Worthington Road</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2012 <b>Transaction ID : SA11AI.272057</b></p> <p>Amount of Each Receipt this Period 40.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. MICHELE LEWIS</b></p> <p>Mailing Address 205 Franklin Avenue</p> <p>City State Zip Code Silver Spring MD 20901</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L POLITICAL ACTION REPRESENTATIVE III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 940.27</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270156</b></p> <p>Amount of Each Receipt this Period 47.31</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MICHELE LEWIS</b></p> <p>Mailing Address 205 Franklin Avenue</p> <p>City State Zip Code Silver Spring MD 20901</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L POLITICAL ACTION REPRESENTATIVE III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 987.58</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270353</b></p> <p>Amount of Each Receipt this Period 47.31</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		134.62
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 289 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. MARGARET R. LEWIS-SIDIME</b> Full Name (Last, First, Middle Initial) Mailing Address 722 S Lyman Avenue City State Zip Code Oak Park IL 60304 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 541.92			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272845</b> Amount of Each Receipt this Period 67.74
<b>B. VALERY LIGHT</b> Full Name (Last, First, Middle Initial) Mailing Address 32 Barley Lane City State Zip Code Palmyra PA 17078 FEC ID number of contributing federal political committee. <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 ▼ 718.44			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270520</b> Amount of Each Receipt this Period 78.28
<b>C. ELLEN H. LIM</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1977 City State Zip Code Waianae HI 96792 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 225.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272609</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			171.02
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. **ANDERS LINDALL**

Mailing Address 2524 West Hutchinson

City

Chicago

State

IL

Zip Code

60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.88

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272846

Amount of Each Receipt this Period

75.36

Full Name (Last, First, Middle Initial)

B. **BRIAN J. LINDHOLT**

Mailing Address 2311 McKinley Street NE

City

Minneapolis

State

MN

Zip Code

55418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273136

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. **MICHAEL LINDHOLT**

Mailing Address 2752 Randolph Street NE

City

Minneapolis

State

MN

Zip Code

55418-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273137

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)..... ►

330.36

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. THERESA LIPKO**

Mailing Address 117 South Main Street

City	State	Zip Code
Carbondale	PA	18407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270521

Amount of Each Receipt this Period

62.56

Full Name (Last, First, Middle Initial)

**B. TOM LIPKO**

Mailing Address 117 South Main Street

City	State	Zip Code
Carbondale	PA	18407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270522

Amount of Each Receipt this Period

36.21

Full Name (Last, First, Middle Initial)

**C. JAMECIA L. LITTLE**

Mailing Address 3237 Stirling Bridge

City	State	Zip Code
Canal Winchester	OH	43110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

MANAGEMENT ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.272058

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

158.77

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 292 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. EARL W. LITTLEFIELD</b> Full Name (Last, First, Middle Initial) Mailing Address 1322 Seymour Avenue City Columbus State OH Zip Code 43206 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE SERVICES SUPERVISOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271513</b> Amount of Each Receipt this Period 15.00
<b>B. EARL W. LITTLEFIELD</b> Full Name (Last, First, Middle Initial) Mailing Address 1322 Seymour Avenue City Columbus State OH Zip Code 43206 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE SERVICES SUPERVISOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271871</b> Amount of Each Receipt this Period 15.00
<b>C. COREY LOCKARD</b> Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 22 City Benton State PA Zip Code 17814 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 676.73			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270523</b> Amount of Each Receipt this Period 73.16
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			103.16
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KENNETH H LOEFFLER-KEMP</b></p> <p>Mailing Address 2902 Bald Eagle Trail</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Duluth</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55804</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MN CN 5</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">591.66</span></p>			City Duluth	State MN	Zip Code 55804	Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 14 / 2012</span>  <b>Transaction ID : SA11AI.272937</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">65.74</span></p>	
City Duluth	State MN	Zip Code 55804							
Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. PAUL LONG</b></p> <p>Mailing Address P.O. Box 310864</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Flint</td> <td style="width: 33%;">State MI</td> <td style="width: 33%;">Zip Code 48531</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MI CN 25</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">340.35</span></p>			City Flint	State MI	Zip Code 48531	Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 06 / 2012</span>  <b>Transaction ID : SA11AI.272105</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
City Flint	State MI	Zip Code 48531							
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. PAUL LONG</b></p> <p>Mailing Address P.O. Box 310864</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Flint</td> <td style="width: 33%;">State MI</td> <td style="width: 33%;">Zip Code 48531</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME MI CN 25</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.35</span></p>			City Flint	State MI	Zip Code 48531	Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 17 / 2012</span>  <b>Transaction ID : SA11AI.272152</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
City Flint	State MI	Zip Code 48531							
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">105.74</span>						
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RANDAL E. LORELLO**

Mailing Address N 9203 James Court

City

Spokane

State

WA

Zip Code

99208

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

FIELD SUPERVISOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270631

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MAGGIE LORENC**

Mailing Address 1700 W Summerdale Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

399.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.272847

Amount of Each Receipt this Period

60.80

Full Name (Last, First, Middle Initial)

**C. SABRINA LOVE**

Mailing Address 23 Chadwick Drive

City

Stafford

State

VA

Zip Code

22556

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

405.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270157

Amount of Each Receipt this Period

21.76

**SUBTOTAL** of Receipts This Page (optional)..... ►

132.56

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. SABRINA LOVE</b></p> <p>Mailing Address 23 Chadwick Drive</p> <p>City State Zip Code  Stafford VA 22556</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L ADMINISTRATIVE ASSISTANT I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  426.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270354</b></p> <p>Amount of Each Receipt this Period  21.76</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. CHARLES M. LOVELESS</b></p> <p>Mailing Address 2100 11th Street NW  #206</p> <p>City State Zip Code  Washington DC 20001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L DIRECTOR, FED GOVT AFFAIRS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1322.77</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270158</b></p> <p>Amount of Each Receipt this Period  77.81</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. CHARLES M. LOVELESS</b></p> <p>Mailing Address 2100 11th Street NW  #206</p> <p>City State Zip Code  Washington DC 20001</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L DIRECTOR, FED GOVT AFFAIRS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1400.58</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270355</b></p> <p>Amount of Each Receipt this Period  77.81</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>177.38</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GEORGE LOVELL**

Mailing Address RR 3 Box 3403

City

Goshen

State

VT

Zip Code

05733-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.84

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.272185

Amount of Each Receipt this Period

60.76

Full Name (Last, First, Middle Initial)

**B. PATRICIA R. LOWE**

Mailing Address 177 Parkway Drive

City

Eastlake

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WILLOUGHBY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.14

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273629

Amount of Each Receipt this Period

10.42

Full Name (Last, First, Middle Initial)

**C. SALVATORE LUCIANO**

Mailing Address 947 Bunker Hill Road

City

Watertown

State

CT

Zip Code

06795-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1026.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270581

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

85.18

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 297 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. WILLIAM LUCY</b> Full Name (Last, First, Middle Initial) Mailing Address 1831 Sudbury Lane NW City Washington State DC Zip Code 20012-2202 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1586.88			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270450</b> Amount of Each Receipt this Period 176.32
<b>B. DENISE ANN LUNDA</b> Full Name (Last, First, Middle Initial) Mailing Address 38 River Lane City Levittown State PA Zip Code 19055 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME PA CN 13 Occupation COURT CLERK ADMINISTRATOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 401.66			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270524</b> Amount of Each Receipt this Period 41.72
<b>C. CHARLES H. LUNDY</b> Full Name (Last, First, Middle Initial) Mailing Address 2024 SW 173 Avenue City Miramar State FL Zip Code 33029 FEC ID number of contributing federal political committee. <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 ▼ 704.08			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270159</b> Amount of Each Receipt this Period 41.52
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			259.56
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CHARLES H. LUNDY**

Mailing Address 2024 SW 173 Avenue

City

Miramar

State

FL

Zip Code

33029

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

745.60

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270356

Amount of Each Receipt this Period

41.52

Full Name (Last, First, Middle Initial)

**B. JOHN A. LYALL**

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

PRESIDENT

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1159.81

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270582

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. RANDELL LYNCH**

Mailing Address P.O. Box 3311

City

Peoria

State

IL

Zip Code

61612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

452.91

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272880

Amount of Each Receipt this Period

8.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

63.92

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ROBERTA LYNCH</b></p> <p>Mailing Address 4650 N. Hermitage Street</p> <p>City State Zip Code  Chicago IL 60640</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 DEPUTY DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  108.76</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012</p> <p><b>Transaction ID : SA11AI.272848</b></p> <p>Amount of Each Receipt this Period  108.76</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. ROBERTA LYNCH</b></p> <p>Mailing Address 4650 N. Hermitage Street</p> <p>City State Zip Code  Chicago IL 60640</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31 DEPUTY DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  996.08</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.270583</b></p> <p>Amount of Each Receipt this Period  14.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. BRENDA L. MABE</b></p> <p>Mailing Address 34291 Brokaw Road</p> <p>City State Zip Code  Columbia Station OH 44028</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  305.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012</p> <p><b>Transaction ID : SA11AI.271516</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>142.76</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BRENDA L. MABE**

Mailing Address 34291 Brokaw Road

City State Zip Code  
 Columbia Station OH 44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271874

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER A. MABE**

Mailing Address 34291 Brokaw Road

City State Zip Code  
 Columbia OH 44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271517

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CHRISTOPHER A. MABE**

Mailing Address 34291 Brokaw Road

City State Zip Code  
 Columbia OH 44028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION SERGEANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271875

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MICHAEL P. MAGUIRE**

Mailing Address 20 Duffield Drive

City	State	Zip Code
Lititz	PA	17543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270525

Amount of Each Receipt this Period

82.82

Full Name (Last, First, Middle Initial)

**B. DEANGELO MALCOLM**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272106

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**C. DEANGELO MALCOLM**

Mailing Address 1034 N. Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11AI.272153

Amount of Each Receipt this Period

29.12

SUBTOTAL of Receipts This Page (optional)..... ▶

136.52

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JULIA C. C. MALETTE</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  405.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272336</b></p> <p>Amount of Each Receipt this Period  45.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. ALETHA L. MALINDA</b></p> <p>Mailing Address P.O. Box 1642</p> <p>City Medical Lake State WA Zip Code 99022</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  459.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270865</b></p> <p>Amount of Each Receipt this Period  27.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ALETHA L. MALINDA</b></p> <p>Mailing Address P.O. Box 1642</p> <p>City Medical Lake State WA Zip Code 99022</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  486.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 25 / 2012  <b>Transaction ID : SA11AI.271162</b></p> <p>Amount of Each Receipt this Period  27.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>99.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CURTICE A. MALONE**

Mailing Address 29509 Fairway Blvd.

City

Willowick

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271521

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. CURTICE A. MALONE**

Mailing Address 29509 Fairway Blvd.

City

Willowick

State

OH

Zip Code

44095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

TRANSPORTATION TECHN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

09 / 21 / 2012

Transaction ID : SA11AI.271879

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. KATHRYN S. MALONE**

Mailing Address 988 Circle on the Green

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272377

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

78.50

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KATHRYN S. MALONE</b> Full Name (Last, First, Middle Initial) Mailing Address 988 Circle on the Green City Columbus State OH Zip Code 43235 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 861.50			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272434</b> Amount of Each Receipt this Period 38.50	
<b>B. LARRY MALONE</b> Full Name (Last, First, Middle Initial) Mailing Address 5185 Horseshoe Falls Drive City Dublin State OH Zip Code 43016 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272378</b> Amount of Each Receipt this Period 38.50	
<b>C. LARRY MALONE</b> Full Name (Last, First, Middle Initial) Mailing Address 5185 Horseshoe Falls Drive City Dublin State OH Zip Code 43016 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 878.50			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272435</b> Amount of Each Receipt this Period 38.50	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			115.50	
<b>TOTAL</b> This Period (last page this line number only)..... ▶				



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MANUEL MANGUAL**

Mailing Address 417 Arizona Avenue

City

Bay Shore

State

NY

Zip Code

11706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.56

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.273516

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. MANUEL MANGUAL**

Mailing Address 417 Arizona Avenue

City

Bay Shore

State

NY

Zip Code

11706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

384.80

Date of Receipt

09 / 20 / 2012

Transaction ID : SA11AI.273528

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. ANDREW M. MANTELLA**

Mailing Address 6866 Tully Truxton Road

City

Tully

State

NY

Zip Code

13159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS ADMIN.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

346.32

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11AI.273489

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

57.72

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 306 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ANDREW M. MANTELLA**

Mailing Address 6866 Tully Truxton Road

City	State	Zip Code
Tully	NY	13159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000/NYS ADMIN.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.273503

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**B. MICHAEL A. MARETTE**

Mailing Address P.O. Box 25731

City	State	Zip Code
Woodbury	MN	55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG &amp; FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

892.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270160

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

**C. MICHAEL A. MARETTE**

Mailing Address P.O. Box 25731

City	State	Zip Code
Woodbury	MN	55125

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG &amp; FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270357

Amount of Each Receipt this Period

52.50

SUBTOTAL of Receipts This Page (optional)..... ►

124.24

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MELLISA C. MARKSTROM**

Mailing Address 4123 N. 18th Place

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.97

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270161

Amount of Each Receipt this Period

21.41

Full Name (Last, First, Middle Initial)

**B. MELLISA C. MARKSTROM**

Mailing Address 4123 N. 18th Place

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270358

Amount of Each Receipt this Period

21.41

Full Name (Last, First, Middle Initial)

**C. JOAN L. MARKUSIC**

Mailing Address 13911 Bellbrook Drive

City

Brook Park

State

OH

Zip Code

44142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/NO. RIDGEVILLE

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273630

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

52.44

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ALIXETTA M. MARLOW**

Mailing Address 3937 Blueberry Hollow Road

City State Zip Code  
 Gahanna OH 43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272379

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**B. ALIXETTA M. MARLOW**

Mailing Address 3937 Blueberry Hollow Road

City State Zip Code  
 Gahanna OH 43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.50

Date of Receipt

09 / 18 / 2012

Transaction ID : SA11AI.272436

Amount of Each Receipt this Period

38.50

Full Name (Last, First, Middle Initial)

**C. DAVID MARLOW**

Mailing Address 1040 W Adams Street  
 Unit 432

City State Zip Code  
 Chicago IL 60607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.24

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272849

Amount of Each Receipt this Period

74.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.78

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CHARLES H. MARTIN**

Mailing Address 707 Russell Avenue N.

City State Zip Code  
Minneapolis MN 55411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.22

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272939

Amount of Each Receipt this Period

71.14

Full Name (Last, First, Middle Initial)

**B. EDWARD D. MARTIN**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273291

Amount of Each Receipt this Period

15.41

Full Name (Last, First, Middle Initial)

**C. EDWARD D. MARTIN**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.97

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273423

Amount of Each Receipt this Period

15.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ELIZA MARTIN**

Mailing Address 91-208 Kekepania Place E.

City State Zip Code  
 Kapolei HI 96707-2721

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AFSCME HI LOC 152 STAFF REPRESENTATIVE

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

Transaction ID : SA11AI.272613

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. GARY MARTIN**

Mailing Address 255 Trail East

City State Zip Code  
 Pataskala OH 43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AFSCME OH LOC 4 ASSOCIATE DIRECTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.272380

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. GARY MARTIN**

Mailing Address 255 Trail East

City State Zip Code  
 Pataskala OH 43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
 AFSCME OH LOC 4 ASSOCIATE DIRECTOR

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2012

Transaction ID : SA11AI.272437

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOHN A. MARTIN**

Mailing Address 1874 Highway 2

City State Zip Code  
Donnellson IA 52625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273424

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. LISA G. MARTIN**

Mailing Address 5450 Whitley Park Terrace  
#102

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270162

Amount of Each Receipt this Period

39.05

Full Name (Last, First, Middle Initial)

**C. LISA G. MARTIN**

Mailing Address 5450 Whitley Park Terrace  
#102

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270359

Amount of Each Receipt this Period

39.05

**SUBTOTAL** of Receipts This Page (optional)..... ►

90.10

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PAULA MARTINEZ**

Mailing Address 3963 200th Avenue

City State Zip Code  
 Carlisle IA 50047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273293

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. PAULA MARTINEZ**

Mailing Address 3963 200th Avenue

City State Zip Code  
 Carlisle IA 50047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.273425

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. ROBERT E. MASTERS**

Mailing Address 3407 4th Street

City State Zip Code  
 Union Gap WA 98903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270869

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

81.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 313 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ROBERT E. MASTERS**

Mailing Address 3407 4th Street

City State Zip Code  
Union Gap WA 98903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271166

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. JILLIAN J MATUNDAN**

Mailing Address 134 North Pine Avenue

City State Zip Code  
Albany NY 12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1042.81

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270163

Amount of Each Receipt this Period

52.78

Full Name (Last, First, Middle Initial)

**C. JILLIAN J MATUNDAN**

Mailing Address 134 North Pine Avenue

City State Zip Code  
Albany NY 12203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1095.59

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270360

Amount of Each Receipt this Period

52.78

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. MATTHEW MAYERS</b></p> <p>Mailing Address 1833 Ontario Place NW</p> <p>City Washington State DC Zip Code 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>771.63</b></p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270164</b> </p> <p>Amount of Each Receipt this Period  <b>45.39</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. MATTHEW MAYERS</b></p> <p>Mailing Address 1833 Ontario Place NW</p> <p>City Washington State DC Zip Code 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation MANAGER, STRATEGIC RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>817.02</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270361</b> </p> <p>Amount of Each Receipt this Period  <b>45.39</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JEFF MAZUR</b></p> <p>Mailing Address 503 Redwing Drive</p> <p>City Ashland State MO Zip Code 65010</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MO CN 72 Occupation COUNCIL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>566.72</b></p>			<p>Date of Receipt  <b>09 / 06 / 2012</b>  <b>Transaction ID : SA11AI.272203</b> </p> <p>Amount of Each Receipt this Period  <b>35.42</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>126.20</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. JEFF MAZUR

Mailing Address 503 Redwing Drive

City State Zip Code  
 Ashland MO 65010

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.14

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 19 / 2012

Transaction ID : SA11AI.272211

Amount of Each Receipt this Period

35.42

Full Name (Last, First, Middle Initial)

B. ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City State Zip Code  
 Takoma Park MD 20912

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1915.48

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270165

Amount of Each Receipt this Period

109.44

Full Name (Last, First, Middle Initial)

C. ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City State Zip Code  
 Takoma Park MD 20912

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2024.92

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270362

Amount of Each Receipt this Period

109.44

SUBTOTAL of Receipts This Page (optional)..... ►

254.30

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CYNTHIA R. MCCABE**

Mailing Address 4608 Harvard Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, EDITORIAL/PRODUCTI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.67

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270166

Amount of Each Receipt this Period

46.75

Full Name (Last, First, Middle Initial)

**B. CYNTHIA R. MCCABE**

Mailing Address 4608 Harvard Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, EDITORIAL/PRODUCTI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.79

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270363

Amount of Each Receipt this Period

47.12

Full Name (Last, First, Middle Initial)

**C. BOYD B. MCCAMISH**

Mailing Address 1004 Woodtown Drive

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.07

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270167

Amount of Each Receipt this Period

43.71

**SUBTOTAL** of Receipts This Page (optional)..... ►

137.58

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 317 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BOYD B. MCCAMISH**

Mailing Address 1004 Woodtown Drive

City	State	Zip Code
Gahanna	OH	43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD EDUCATION COORDINATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.270364

Amount of Each Receipt this Period

43.71

Full Name (Last, First, Middle Initial)

**B. MARGARET MCCANN**

Mailing Address 103 Lynnmore Drive

City	State	Zip Code
Silver Spring	MD	20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.270168

Amount of Each Receipt this Period

60.50

Full Name (Last, First, Middle Initial)

**C. MARGARET MCCANN**

Mailing Address 103 Lynnmore Drive

City	State	Zip Code
Silver Spring	MD	20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1089.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.270365

Amount of Each Receipt this Period

60.50

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

164.71

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

**A. ANDY MCCANTS**

Mailing Address 1210 195th Street E.

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9						1	0	
				2012					

Transaction ID : SA11AI.270872

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. ANDY MCCANTS**

Mailing Address 1210 195th Street E.

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9						2	5	
				2012					

Transaction ID : SA11AI.271169

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. JOSH MCCARROLL**Mailing Address 3412 Knipp Drive  
Suite 102

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9						0	6	
				2012					

Transaction ID : SA11AI.272204

Amount of Each Receipt this Period

19.17

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

61.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. JOSH MCCARROLL

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.89

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SA11AI.272212

Amount of Each Receipt this Period

19.17

Full Name (Last, First, Middle Initial)

B. TARA MCCAULEY

Mailing Address 29 N. Wacker Drive  
Suite 800

City State Zip Code  
Chicago IL 60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.92

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272850

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

C. LEO B. MCCONNELL

Mailing Address 620 Tunnelhill Street

City State Zip Code  
Gallitzin PA 16641

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272988

Amount of Each Receipt this Period

24.00

SUBTOTAL of Receipts This Page (optional)..... ►

110.91

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. SUZANNE MCCORMICK</b> Full Name (Last, First, Middle Initial) Mailing Address 32 Harvest Lane City West Grove State PA Zip Code 19390 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 562.95			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270526</b> Amount of Each Receipt this Period 67.70
<b>B. THOMAS F. MCCracken</b> Full Name (Last, First, Middle Initial) Mailing Address 343 East Main Street City Mahaffey State PA Zip Code 15757-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STATE SUPERVISOR DISTR 2 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.272990</b> Amount of Each Receipt this Period 30.00
<b>C. CHERYL MCCREARY</b> Full Name (Last, First, Middle Initial) Mailing Address 6682 Congress City Belleville State MI Zip Code 48111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.50			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272107</b> Amount of Each Receipt this Period 12.50
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			110.20
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CHERYL MCCREARY**

Mailing Address 6682 Congress

City

Belleville

State

MI

Zip Code

48111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : SA11AI.272154

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. TONY MCCUBBIN**

Mailing Address 7740 Cordova Road

City

Erie

State

IL

Zip Code

61250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

452.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	2

Transaction ID : SA11AI.272881

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**C. BRIAN P. MCDONNELL**

Mailing Address 56 Chestnut Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

822.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.270169

Amount of Each Receipt this Period

48.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

69.31

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BRIAN P. MCDONNELL**

Mailing Address 56 Chestnut Lane

City

Niskayuna

State

NY

Zip Code

12309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

871.38

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270366

Amount of Each Receipt this Period

48.41

Full Name (Last, First, Middle Initial)

**B. JERI MCEWEN**

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

446.63

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270527

Amount of Each Receipt this Period

48.66

Full Name (Last, First, Middle Initial)

**C. KATHLEEN MCGAVIN**

Mailing Address 665 Shannon Hill Road

City

Meshoppen

State

PA

Zip Code

18630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.272991

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional)..... ►

113.07

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. NANCY MCGOVERN</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.272187</b>	
Mailing Address 8 Beacon Street		Amount of Each Receipt this Period 50.00	
City Boston	State MA	Zip Code 02108-0000	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		
Full Name (Last, First, Middle Initial) <b>B. LYNNE E. MCGRAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272381</b>	
Mailing Address 1258 Smersset way		Amount of Each Receipt this Period 30.00	
City Pickerington	State OH	Zip Code 43147	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR OF ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00		
Full Name (Last, First, Middle Initial) <b>C. LYNNE E. MCGRAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272438</b>	
Mailing Address 1258 Smersset way		Amount of Each Receipt this Period 30.00	
City Pickerington	State OH	Zip Code 43147	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR OF ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		110.00	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CARROLL J. MCGUIRE**

Mailing Address 306 E. Marion

City

Marion

State

IL

Zip Code

62959

FEC ID number of contributing federal political committee.

**C**

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

PUBLIC AID INVESTIGATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**255.00**

Date of Receipt

**09 / 01 / 2012**

Transaction ID : SA11AI.272745

Amount of Each Receipt this Period

**30.00**

Full Name (Last, First, Middle Initial)

**B. CHAD MCKENNA**

Mailing Address 623 N. 39th Avenue W.

City

Duluth

State

MN

Zip Code

56817

FEC ID number of contributing federal political committee.

**C**

Name of Employer

AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**361.62**

Date of Receipt

**09 / 14 / 2012**

Transaction ID : SA11AI.272940

Amount of Each Receipt this Period

**40.18**

Full Name (Last, First, Middle Initial)

**C. KRISTEN E. MCKINLEY**

Mailing Address 3656 Cannongate Drive

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing federal political committee.

**C**

Name of Employer

AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**346.32**

Date of Receipt

**09 / 11 / 2012**

Transaction ID : SA11AI.272382

Amount of Each Receipt this Period

**19.24**
**SUBTOTAL** of Receipts This Page (optional)..... ►

**89.42**
**TOTAL** This Period (last page this line number only)..... ►

**89.42**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KRISTEN E. MCKINLEY</b> Full Name (Last, First, Middle Initial) Mailing Address 3656 Cannongate Drive City Columbus State OH Zip Code 43228 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 4 Occupation STAFF ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.56		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272439</b> Amount of Each Receipt this Period 19.24
<b>B. MARILYN MCMAHON</b> Full Name (Last, First, Middle Initial) Mailing Address 7717 28th NW City Seattle State WA Zip Code 98117 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation NURSE CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270877</b> Amount of Each Receipt this Period 15.00
<b>C. MARILYN MCMAHON</b> Full Name (Last, First, Middle Initial) Mailing Address 7717 28th NW City Seattle State WA Zip Code 98117 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation NURSE CONSULTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271174</b> Amount of Each Receipt this Period 15.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		49.24
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. EDWARD MCNEIL**

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

697.17

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272108

Amount of Each Receipt this Period

41.01

Full Name (Last, First, Middle Initial)

**B. EDWARD MCNEIL**

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

738.18

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI.272155

Amount of Each Receipt this Period

41.01

Full Name (Last, First, Middle Initial)

**C. EVARN A. MCRAE**

Mailing Address 802 N. Drexel Avenue

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT CLAIMS REP

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

216.00

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.271532

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

94.02

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. EVARN A. MCRAE

Mailing Address 802 N. Drexel Avenue

City	State	Zip Code
Columbus	OH	43219

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

UNEMPLOYMENT CLAIMS REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271890

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. BRENDA S. MCTURNER

Mailing Address 61 Clairdon Drive

City	State	Zip Code
Lucasville	OH	45648

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271533

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. BRENDA S. MCTURNER

Mailing Address 61 Clairdon Drive

City	State	Zip Code
Lucasville	OH	45648

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271891

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. SALLY MECKLING</b></p> <p>Mailing Address 390 Worthington Road</p> <p>City State Zip Code Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 674.60</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2012 <b>Transaction ID : SA11AI.272059</b></p> <p>Amount of Each Receipt this Period 67.46</p>
<p>Full Name (Last, First, Middle Initial) <b>B. RUDO M. MEDA</b></p> <p>Mailing Address 7507 Parkwood Court Apt #304</p> <p>City State Zip Code Falls Church VA 22042</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 332.35</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270170</b></p> <p>Amount of Each Receipt this Period 21.41</p>
<p>Full Name (Last, First, Middle Initial) <b>C. RUDO M. MEDA</b></p> <p>Mailing Address 7507 Parkwood Court Apt #304</p> <p>City State Zip Code Falls Church VA 22042</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 353.76</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270367</b></p> <p>Amount of Each Receipt this Period 21.41</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		110.28
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. DONALD MEHREN

Mailing Address 6925 Woodland Blvd.

City State Zip Code  
Minnesota City MN 55959

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273143

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

B. NANINE MEIKLEJOHN

Mailing Address 4909 Aurora Drive

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
LEGISLATIVE AFFAIRS SPECIALIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.27

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270171

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

C. NANINE MEIKLEJOHN

Mailing Address 4909 Aurora Drive

City State Zip Code  
Kensington MD 20895

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
LEGISLATIVE AFFAIRS SPECIALIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

851.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270368

Amount of Each Receipt this Period

47.31

SUBTOTAL of Receipts This Page (optional)..... ►

154.62

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JANICE MELDRUM**

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.32

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272205

Amount of Each Receipt this Period

15.77

Full Name (Last, First, Middle Initial)

**B. JANICE MELDRUM**

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.09

Date of Receipt

09 / 19 / 2012

Transaction ID : SA11AI.272213

Amount of Each Receipt this Period

15.77

Full Name (Last, First, Middle Initial)

**C. JONATHAN D. MELEGRITO**

Mailing Address 3511 Frederick Place

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

PUBLICATIONS ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.97

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270172

Amount of Each Receipt this Period

37.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

68.95

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JONATHAN D. MELEGRITO**

Mailing Address 3511 Frederick Place

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

PUBLICATIONS ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.38

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270369

Amount of Each Receipt this Period

37.41

Full Name (Last, First, Middle Initial)

**B. DAVID A MENDOZA**

Mailing Address 4301 N. 21st Street  
Unit # 7

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.23

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270173

Amount of Each Receipt this Period

46.05

Full Name (Last, First, Middle Initial)

**C. DAVID A MENDOZA**

Mailing Address 4301 N. 21st Street  
Unit # 7

City

Phoenix

State

AZ

Zip Code

85016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

828.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270370

Amount of Each Receipt this Period

46.05

**SUBTOTAL** of Receipts This Page (optional)..... ►

129.51

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOYE E. MERCER-BARKSDALE**

Mailing Address 5103 Janesdale Court

City

Glenn Dale

State

MD

Zip Code

20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

804.27

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270174

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

**B. JOYE E. MERCER-BARKSDALE**

Mailing Address 5103 Janesdale Court

City

Glenn Dale

State

MD

Zip Code

20769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

851.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270371

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

**C. MARGARET MERDLER**

Mailing Address 1110 Driveumlin Drive

City

Verona

State

WI

Zip Code

53593

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

589.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272238

Amount of Each Receipt this Period

53.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

148.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MICHAEL MEREDITH**

Mailing Address 1415 Ivy Hill Road

City	State	Zip Code
Cockeysville	MD	21030

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 AFSCME MD CN 982

 Occupation  
 ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

457.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272338

Amount of Each Receipt this Period

50.84

Full Name (Last, First, Middle Initial)

**B. MICHAEL J. MESSINA**

Mailing Address 752 Silver Spring Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 AFSCME INT'L

 Occupation  
 LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270175

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL J. MESSINA**

Mailing Address 752 Silver Spring Avenue

City	State	Zip Code
Silver Spring	MD	20910

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 AFSCME INT'L

 Occupation  
 LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270372

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

120.84

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RANDALL M. MEYER**

Mailing Address 2107 West Bremer Avenue

City

Waverly

State

IA

Zip Code

50677

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

326.34

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272567

Amount of Each Receipt this Period

36.26

Full Name (Last, First, Middle Initial)

**B. JOHN MICHALEC**

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

357.00

Date of Receipt

09 / 06 / 2012

Transaction ID : SA11AI.272109

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**C. JOHN MICHALEC**

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

09 / 17 / 2012

Transaction ID : SA11AI.272156

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

78.26

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. GLENARD MIDDLETON</b> Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1692.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272310</b> Amount of Each Receipt this Period 180.00
<b>B. GLENARD MIDDLETON</b> Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1706.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270584</b> Amount of Each Receipt this Period 14.00
<b>C. JOSIP MIHELICH</b> Full Name (Last, First, Middle Initial) Mailing Address 1212 Jefferson St., SE Suite 300 City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 408.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270883</b> Amount of Each Receipt this Period 24.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		218.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOSIP MIHELICH**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271180

Amount of Each Receipt this Period

24.00

Full Name (Last, First, Middle Initial)

**B. ARTHUR MILLER**

Mailing Address 911 White Avenue

City Cloquet State MN Zip Code 55720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273145

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. DORINDA K. MILLER**

Mailing Address 1601 E Fairlawn Drive

City Urbana State IL Zip Code 61802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/STATE OF IL

Occupation  
SUPPORT STAFF

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272747

Amount of Each Receipt this Period

41.70

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

110.70



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOHN E. MILLER**

Mailing Address 3020 94th Avenue E.

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.270651

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JOHN E. MILLER**

Mailing Address 3020 94th Avenue E.

City State Zip Code  
Seattle WA 98126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.270663

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**C. MATTHEW A. MILLER**

Mailing Address 207 W Marshall Street

City State Zip Code  
Marshall MN 56852

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.98

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272223

Amount of Each Receipt this Period

59.22

**SUBTOTAL** of Receipts This Page (optional)..... ►

139.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SCOTT D. MILLER**

Mailing Address 2056 W Hutchinson  
2nd Fl.

City State Zip Code  
Chicago IL 60618

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

LEGAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

602.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272851

Amount of Each Receipt this Period

75.36

Full Name (Last, First, Middle Initial)

**B. SHARON A. MILLER**

Mailing Address 1442 Cirle Avenue

City State Zip Code  
Forest Park IL 60130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

HUMAN SERVICES CASEW

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

381.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272749

Amount of Each Receipt this Period

67.26

Full Name (Last, First, Middle Initial)

**C. SUSAN M. MILLER**

Mailing Address 317 Meadow Lane

City State Zip Code  
De Forest WI 53532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 24 / 2012

Transaction ID : SA11AI.272270

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

162.62

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. TIMOTHY MILLER</b> Full Name (Last, First, Middle Initial) Mailing Address 2724 Pine Avenue City Altoona State PA Zip Code 16601 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">701.73</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 11 / 2012</span> </div> <b>Transaction ID : SA11AI.270528</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>73.16</span> </div>	
<b>B. CAROL L. MILLS-HAWKINS</b> Full Name (Last, First, Middle Initial) Mailing Address 107 W. Lawrence Apt. 6 City Springfield State IL Zip Code 62704 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">354.28</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 01 / 2012</span> </div> <b>Transaction ID : SA11AI.272750</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>41.68</span> </div>	
<b>C. KIRK C MINER</b> Full Name (Last, First, Middle Initial) Mailing Address 1097 Carolyn Avenue City Columbus State OH Zip Code 43224 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">237.50</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <span>09 / 04 / 2012</span> </div> <b>Transaction ID : SA11AI.272478</b> Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>12.50</span> </div>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>127.34</span> </div>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. KIRK C MINER

Mailing Address 1097 Carolyn Avenue

City State Zip Code  
 Columbus OH 43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272508

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. THOMAS R. MITCHELL

Mailing Address 2669 Elizabeth Drive

City State Zip Code  
 Avon OH 44011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/AVON LSD

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273632

Amount of Each Receipt this Period

9.62

Full Name (Last, First, Middle Initial)

C. JOYCE A. MIX

Mailing Address 5677 Sundial Drive

City State Zip Code  
 Galloway OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 04 / 2012

Transaction ID : SA11AI.272479

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)..... ►

34.62

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 341 OF 628  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOYCE A. MIX**

Mailing Address 5677 Sundial Drive

City State Zip Code  
 Galloway OH 43119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
 BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272509

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. DEREK M. MIZUNO**

Mailing Address 888 Mililani Street  
 Suite 601

City State Zip Code  
 Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME HI LOC 152

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2012

Transaction ID : SA11AI.272616

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. AMBER F. MOATS**

Mailing Address 107 Spahr P.O. Box 95

City State Zip Code  
 Mount Union IA 52644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273301

Amount of Each Receipt this Period

15.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

77.91

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 342 OF 628  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. AMBER F. MOATS</b></p> <p>Mailing Address 107 Spahr P.O. Box 95</p> <p>City State Zip Code Mount Union IA 52644</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 261.97</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.273433</b></p> <p>Amount of Each Receipt this Period 15.41</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. HARRY MOBLEY</b></p> <p>Mailing Address 2635 Cranberry Circle</p> <p>City State Zip Code Harrisburg PA 17110</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 720.44</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270529</b></p> <p>Amount of Each Receipt this Period 73.16</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KELLY L. MOBLEY</b></p> <p>Mailing Address 3739 Elmlawn Drive</p> <p>City State Zip Code Toledo OH 43614</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 360.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272384</b></p> <p>Amount of Each Receipt this Period 20.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>108.57</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 OF 628  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KELLY L. MOBLEY</b></p> <p>Mailing Address 3739 Elmlawn Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Toledo</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43614</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation FIELD REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">380.00</span></p>			City Toledo	State OH	Zip Code 43614	Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 18 / 2012</span>  <b>Transaction ID : SA11AI.272441</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
City Toledo	State OH	Zip Code 43614							
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. ERIC J. MOE</b></p> <p>Mailing Address 944 Cottonwood Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Stoughton</td> <td style="width: 33%;">State WI</td> <td style="width: 33%;">Zip Code 53589</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WI CN 24/STATE OF WI</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>			City Stoughton	State WI	Zip Code 53589	Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 07 / 2012</span>  <b>Transaction ID : SA11AI.272274</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	
City Stoughton	State WI	Zip Code 53589							
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. ERIC J. MOE</b></p> <p>Mailing Address 944 Cottonwood Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Stoughton</td> <td style="width: 33%;">State WI</td> <td style="width: 33%;">Zip Code 53589</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WI CN 24/STATE OF WI</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">270.00</span></p>			City Stoughton	State WI	Zip Code 53589	Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 21 / 2012</span>  <b>Transaction ID : SA11AI.272275</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">30.00</span></p>	
City Stoughton	State WI	Zip Code 53589							
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">80.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. DEBORAH MOEN**

Mailing Address 1508 309th Avenue NW

City State Zip Code  
Cambridge MN 55008-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273147

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

## **B. TRINA MOLNAR-BOCK**

Mailing Address 14-8 Meadowlawn Drive

City State Zip Code  
Mentor OH 44060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272385

Amount of Each Receipt this Period

23.08

Full Name (Last, First, Middle Initial)

## **C. TRINA MOLNAR-BOCK**

Mailing Address 14-8 Meadowlawn Drive

City State Zip Code  
Mentor OH 44060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.52

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272442

Amount of Each Receipt this Period

23.08

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

82.16



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KAREN MOMBERGER</b> Full Name (Last, First, Middle Initial) Mailing Address 102 Manor Road City New Kensington State PA Zip Code 15068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 819.36			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270530</b> Amount of Each Receipt this Period 91.74
<b>B. DAVID A. MOODY</b> Full Name (Last, First, Middle Initial) Mailing Address 8 Beacon Street City Boston State MA Zip Code 02108-0000 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 270.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.272188</b> Amount of Each Receipt this Period 30.00
<b>C. APRIL R. MOORE</b> Full Name (Last, First, Middle Initial) Mailing Address 841 Saint Andrews Circle City Rantoul State IL Zip Code 61866 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.45			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272752</b> Amount of Each Receipt this Period 41.70
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			163.44
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. DOUGLAS MOORE

Mailing Address 10176 Foothill Court

City

Spring Valley

State

CA

Zip Code

91977

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA LOC 3930

Occupation

INT'L VICE PRESIDENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

446.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270585

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

B. ERIC D. MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272206

Amount of Each Receipt this Period

22.50

Full Name (Last, First, Middle Initial)

C. ERIC D. MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

487.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 19 / 2012

Transaction ID : SA11AI.272214

Amount of Each Receipt this Period

22.50

SUBTOTAL of Receipts This Page (optional)..... ►

59.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 347 OF 628

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City State Zip Code  
 Bowie MD 20721

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.270176

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City State Zip Code  
 Bowie MD 20721

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.270373

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. JULIANE MOORE

Mailing Address 304 North Wenas Avenue

City State Zip Code  
 Selah WA 98942

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 10 2012

Transaction ID : SA11AI.270888

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

39.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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FOR LINE NUMBER: PAGE 348 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JULIANE MOORE**

Mailing Address 304 North Wenas Avenue

City	State	Zip Code
Selah	WA	98942

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	25	/	2012

Transaction ID : SA11AI.271185

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. LEONARD T. MOORE**

Mailing Address 5656 Echo Road

City	State	Zip Code
Columbus	OH	43230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PAROLE &amp; COMM PROCESSING SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	07	/	2012

Transaction ID : SA11AI.271540

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. LEONARD T. MOORE**

Mailing Address 5656 Echo Road

City	State	Zip Code
Columbus	OH	43230

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

PAROLE &amp; COMM PROCESSING SPEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271898

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional).....▶

45.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PATRICK G. MORAN**

Mailing Address 415 U Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1274.77

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270177

Amount of Each Receipt this Period

77.31

Full Name (Last, First, Middle Initial)

**B. PATRICK G. MORAN**

Mailing Address 415 U Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1352.08

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270374

Amount of Each Receipt this Period

77.31

Full Name (Last, First, Middle Initial)

**C. FRANCIS MORONEY**

Mailing Address 14 Jamaica Road

City

Brookline

State

MA

Zip Code

02146-0000

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.272189

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

194.62

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. **BRENDA MORRIS**

Mailing Address 28 Beth Drive

City State Zip Code  
 Fairchance PA 15436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.95

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270531

Amount of Each Receipt this Period

67.70

Full Name (Last, First, Middle Initial)

B. **RACHEL C. MORROW**

Mailing Address 6221 Ssassafras Lane

City State Zip Code  
 Toledo OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.272386

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

C. **RACHEL C. MORROW**

Mailing Address 6221 Ssassafras Lane

City State Zip Code  
 Toledo OH 43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.56

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 18 / 2012

Transaction ID : SA11AI.272443

Amount of Each Receipt this Period

19.24

SUBTOTAL of Receipts This Page (optional)..... ►

106.18

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. MICHELLE MULHERIN</b> Full Name (Last, First, Middle Initial) Mailing Address 2462 Cleveland Avenue City Reading State PA Zip Code 19609 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 658.44			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270532</b> Amount of Each Receipt this Period 73.16
<b>B. STEVEN C. MULLEN</b> Full Name (Last, First, Middle Initial) Mailing Address 544 Clermont Drive City Harrisburg State PA Zip Code 17112 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation TRADES LABORER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 890.74			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270533</b> Amount of Each Receipt this Period 101.56
<b>C. TRACY J MUNTZ</b> Full Name (Last, First, Middle Initial) Mailing Address 3220 Ray Nash Drive NW City Gig Harbor State WA Zip Code 98335 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 223.50			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270895</b> Amount of Each Receipt this Period 15.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			189.72
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TRACY J MUNTZ**

Mailing Address 3220 Ray Nash Drive NW

City State Zip Code  
 Gig Harbor WA 98335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28/STATE OF WA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271191

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. DEBORA A. MURPHY**

Mailing Address 5718 Mayfair Street SW

City State Zip Code  
 Cedar Rapids IA 52404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.46

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.273305

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. DEBORA A. MURPHY**

Mailing Address 5718 Mayfair Street SW

City State Zip Code  
 Cedar Rapids IA 52404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IA CN 61/STATE OF IA

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.46

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.273437

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

45.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. MARK MURPHY**

Mailing Address 2133 Farrington Avenue

City State Zip Code  
Alexandria VA 22303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

796.88

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270178

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

## **B. MARK MURPHY**

Mailing Address 2133 Farrington Avenue

City State Zip Code  
Alexandria VA 22303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

844.19

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270375

Amount of Each Receipt this Period

47.31

Full Name (Last, First, Middle Initial)

## **C. MICHAEL P. MURPHY**

Mailing Address 92 Eddington Avenue

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

778.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272997

Amount of Each Receipt this Period

82.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

176.62

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. RYAN MURPHY</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  292.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272339</b></p> <p>Amount of Each Receipt this Period  32.50</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. STEVEN L. MYERS</b></p> <p>Mailing Address 696 Hull Road</p> <p>City Mansfield State OH Zip Code 44907</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  720.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.272387</b></p> <p>Amount of Each Receipt this Period  40.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. STEVEN L. MYERS</b></p> <p>Mailing Address 696 Hull Road</p> <p>City Mansfield State OH Zip Code 44907</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  760.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 18 / 2012  <b>Transaction ID : SA11AI.272444</b></p> <p>Amount of Each Receipt this Period  40.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>112.50</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. PHYLLIS S. NAIAD</b></p> <p>Mailing Address 13304 58th Drive NE</p> <p>City Marysville State WA Zip Code 98271</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>490.34</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270635</b> </p> <p>Amount of Each Receipt this Period  <b>52.26</b> </p>
<p>Full Name (Last, First, Middle Initial) <b>B. RACHEL E. NAUMAN</b></p> <p>Mailing Address 11021 Horseshoe Drive</p> <p>City Frederick State MD Zip Code 21701-3397</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>746.18</b></p>		<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270179</b> </p> <p>Amount of Each Receipt this Period  <b>48.97</b> </p>
<p>Full Name (Last, First, Middle Initial) <b>C. RACHEL E. NAUMAN</b></p> <p>Mailing Address 11021 Horseshoe Drive</p> <p>City Frederick State MD Zip Code 21701-3397</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>795.15</b></p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270376</b> </p> <p>Amount of Each Receipt this Period  <b>48.97</b> </p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p><b>150.20</b></p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. JAMES NEBLETT</b></p> <p>Mailing Address 17635 Greenview</p> <p>City State Zip Code Detroit MI 48219-3588</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ADMINISTRATIVE DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 636.31</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272110</b></p> <p>Amount of Each Receipt this Period 37.43</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. JAMES NEBLETT</b></p> <p>Mailing Address 17635 Greenview</p> <p>City State Zip Code Detroit MI 48219-3588</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ADMINISTRATIVE DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 673.74</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272157</b></p> <p>Amount of Each Receipt this Period 37.43</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. MADELINE C. NEELY</b></p> <p>Mailing Address P.O. Box 501</p> <p>City State Zip Code Kaawa HI 96730</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI RET CHPT 152 RETIREE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 340.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.273588</b></p> <p>Amount of Each Receipt this Period 250.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>324.86</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. NORMAN NEELY**

Mailing Address 108 Iliad Drive

City

Tinley Park

State

IL

Zip Code

60477

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.92

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272852

Amount of Each Receipt this Period

67.74

Full Name (Last, First, Middle Initial)

## **B. JOE NEHRING**

Mailing Address 687 Emily Street

City

North Liberty

State

IA

Zip Code

52317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272549

Amount of Each Receipt this Period

62.00

Full Name (Last, First, Middle Initial)

## **C. CHELSA A. NELSON**

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272941

Amount of Each Receipt this Period

44.76

SUBTOTAL of Receipts This Page (optional)..... ►

174.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CYNTHIA NELSON**

Mailing Address 2648 Garfield Street, N.E.

City State Zip Code  
 Minneapolis MN 55418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.26

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272943

Amount of Each Receipt this Period

71.14

Full Name (Last, First, Middle Initial)

**B. MATTHEW NELSON**

Mailing Address 909 Carmen Lane

City State Zip Code  
 Mendota Heights MN 55118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272944

Amount of Each Receipt this Period

32.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL NELSON**

Mailing Address 2191 110th Lane NW

City State Zip Code  
 Coon Rapids MN 55433-4173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.273150

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

133.14

**TOTAL** This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. RICHARD NELSON</b></p> <p>Mailing Address 315 South Park</p> <p>City Springfield State MN Zip Code 56087</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012  <b>Transaction ID : SA11AI.272225</b></p> <p>Amount of Each Receipt this Period  50.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. RENEE NESTLER</b></p> <p>Mailing Address 27 Fetzer Court Unit 1</p> <p>City Bloomington State IL Zip Code 61704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 362.30</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272882</b></p> <p>Amount of Each Receipt this Period  8.40</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JESSE NEWCOMER IV</b></p> <p>Mailing Address 2109 Circle Road</p> <p>City Carlisle State PA Zip Code 17013</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 864.78</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270534</b></p> <p>Amount of Each Receipt this Period  91.74</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>150.14</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MICHAEL NEWMAN**

Mailing Address 4031 N. Hermitage Avenue

City State Zip Code  
Chicago IL 60613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

758.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

**Transaction ID : SA11AI.272853**

Amount of Each Receipt this Period

94.80

Full Name (Last, First, Middle Initial)

**B. CATHY L. NEWTON**

Mailing Address 221 E. Mulberry Street

City State Zip Code  
Bryan OH 43506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

**Transaction ID : SA11AI.271549**

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. CATHY L. NEWTON**

Mailing Address 221 E. Mulberry Street

City State Zip Code  
Bryan OH 43506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ODJFS CUSTOMER SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : SA11AI.271907**

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

154.80



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. MARY L. NICHOL

Mailing Address 1117 Meridian Street N.  
Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270904

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MARY L. NICHOL

Mailing Address 1117 Meridian Street N.  
Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271200

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. LEROY J. NIDA

Mailing Address 208 F Place

City Kalona State IA Zip Code 52247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.76

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273306

Amount of Each Receipt this Period

18.36

SUBTOTAL of Receipts This Page (optional)..... ►

58.36

TOTAL This Period (last page this line number only)..... ►

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	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<p>Full Name (Last, First, Middle Initial) <b>A. JOSEPH NILSSON</b></p> <p>Mailing Address 3215 Eastland Circle SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CLERICAL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 378.00</p>			<p>Date of Receipt  <b>09 / 25 / 2012</b>  <b>Transaction ID : SA11AI.271203</b> </p> <p>Amount of Each Receipt this Period            21.00         </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. GARRY Y NITTA</b></p> <p>Mailing Address 251 Nalani Street</p> <p>City Makawao State HI Zip Code 96768</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 225.00</p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272617</b> </p> <p>Amount of Each Receipt this Period            25.00         </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JEREMY NOELLE</b></p> <p>Mailing Address 1421 N 14th Street</p> <p>City Herrin State IL Zip Code 62948</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 391.68</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272883</b> </p> <p>Amount of Each Receipt this Period            8.40         </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			54.40		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. KEVIN NORBIE**

Mailing Address 2205 John Avenue

City State Zip Code  
 Superior WI 54880-4924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME MN CN 5/STATE OF MN

Occupation  
 STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.273151

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **B. MARCIA NORTHERN**

Mailing Address 1757 N. Rutherford

City State Zip Code  
 Chicago IL 60707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IL CN 31/STATE OF IL

Occupation  
 PUBLIC SERVICE ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2012

Transaction ID : SA11AI.272758

Amount of Each Receipt this Period

39.00

Full Name (Last, First, Middle Initial)

## **C. VICTORIA M. NUZZI**

Mailing Address 1005 N. Alabama Street

City State Zip Code  
 Indianapolis IN 46202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270180

Amount of Each Receipt this Period

29.12

**SUBTOTAL** of Receipts This Page (optional)..... ►

98.12

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. VICTORIA M. NUZZI</b></p> <p>Mailing Address 1005 N. Alabama Street</p> <p>City State Zip Code Indianapolis IN 46202</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L REGIONAL FIELD ADMINISTRATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 515.58</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270377</b></p> <p>Amount of Each Receipt this Period 29.12</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ANTHONY A OGUNDIRAN</b></p> <p>Mailing Address P.O. Box 11862</p> <p>City State Zip Code Minneapolis MN 55411</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 427.38</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270181</b></p> <p>Amount of Each Receipt this Period 25.62</p>
<p>Full Name (Last, First, Middle Initial) <b>C. ANTHONY A OGUNDIRAN</b></p> <p>Mailing Address P.O. Box 11862</p> <p>City State Zip Code Minneapolis MN 55411</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 453.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270378</b></p> <p>Amount of Each Receipt this Period 25.62</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		80.36
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TRAVIS OHM**

Mailing Address 8 Highland Road

City State Zip Code  
 Seven Valleys PA 17360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.90

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270535

Amount of Each Receipt this Period

98.18

Full Name (Last, First, Middle Initial)

**B. ERIN S. OKANTEY**

Mailing Address 722 Pepper Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270182

Amount of Each Receipt this Period

40.41

Full Name (Last, First, Middle Initial)

**C. ERIN S. OKANTEY**

Mailing Address 722 Pepper Court

City State Zip Code  
 Westerville OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270379

Amount of Each Receipt this Period

40.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

179.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RUSSELL K. OKATA**

Mailing Address 1015 Wilder Avenue

City State Zip Code  
Honolulu HI 96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

**Transaction ID : SA11AI.272619**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. HOLLY OLSON**

Mailing Address 15443 Martins Hundred Drive

City State Zip Code  
Centerville VA 20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1064.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.270183**

Amount of Each Receipt this Period

62.60

Full Name (Last, First, Middle Initial)

**C. HOLLY OLSON**

Mailing Address 15443 Martins Hundred Drive

City State Zip Code  
Centerville VA 20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1126.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.270380**

Amount of Each Receipt this Period

62.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. VASTINA OMOSEBI</b></p> <p>Mailing Address 190 W. Ostend Street  Suite 101</p> <p>City Baltimore State MD Zip Code 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  277.56</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272340</b></p> <p>Amount of Each Receipt this Period  30.84</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. MARY C. OPENLANDER</b></p> <p>Mailing Address 466 Prospect</p> <p>City Muir State MI Zip Code 48860</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  357.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 06 / 2012</p> <p><b>Transaction ID : SA11AI.272112</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. MARY C. OPENLANDER</b></p> <p>Mailing Address 466 Prospect</p> <p>City Muir State MI Zip Code 48860</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  378.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 17 / 2012</p> <p><b>Transaction ID : SA11AI.272159</b></p> <p>Amount of Each Receipt this Period  21.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>72.84</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 370 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. SUSAN M. OSTHUS</b></p> <p>Mailing Address 5200 Deerwood Lake Drive</p> <p>City Springfield State IL Zip Code 62703</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 502.44</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272884</b> </p> <p>Amount of Each Receipt this Period 8.40</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CURT A. OSTRANDER</b></p> <p>Mailing Address 65 Academy Road</p> <p>City New Ipswich State NH Zip Code 03071-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REP.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 804.27</p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270184</b> </p> <p>Amount of Each Receipt this Period 47.31</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CURT A. OSTRANDER</b></p> <p>Mailing Address 65 Academy Road</p> <p>City New Ipswich State NH Zip Code 03071-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REP.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 851.58</p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270381</b> </p> <p>Amount of Each Receipt this Period 47.31</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			103.02	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. GERALD OTTEN

Mailing Address 2905 Evergreen Way

City State Zip Code  
 Ellicott City MD 21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.84

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270185

Amount of Each Receipt this Period

42.52

Full Name (Last, First, Middle Initial)

B. GERALD OTTEN

Mailing Address 2905 Evergreen Way

City State Zip Code  
 Ellicott City MD 21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.36

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270382

Amount of Each Receipt this Period

42.52

Full Name (Last, First, Middle Initial)

C. ALLISON L. PADGETT

Mailing Address 10115 Jeffreys Street  
 # 2009

City State Zip Code  
 Las Vegas NV 89183

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

COMMUNICATIONS SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.22

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270186

Amount of Each Receipt this Period

27.66

SUBTOTAL of Receipts This Page (optional)..... ►

112.70

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ALLISON L. PADGETT</b></p> <p>Mailing Address 10115 Jeffreys Street  # 2009</p> <p>City State Zip Code  Las Vegas NV 89183</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME INT'L COMMUNICATIONS SPECIALIST I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">497.88</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.270383</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">27.66</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. WILLIAM M. PADISAK Jr.</b></p> <p>Mailing Address 4886 Pine Trace Drive</p> <p>City State Zip Code  Austintown OH 44515</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">418.32</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.272388</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">23.24</span></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. WILLIAM M. PADISAK Jr.</b></p> <p>Mailing Address 4886 Pine Trace Drive</p> <p>City State Zip Code  Austintown OH 44515</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation  AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">441.56</span></p>			<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span>  09 / 18 / 2012</p> <p><b>Transaction ID : SA11AI.272445</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">23.24</span></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">74.14</span>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. HAROLD A. PALMER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272389</b>		
Mailing Address 7565 Liddesdale Blvd. City Blacklick State OH Zip Code 43004			Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 760.00			
Full Name (Last, First, Middle Initial) <b>B. HAROLD A. PALMER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272446</b>		
Mailing Address 7565 Liddesdale Blvd. City Blacklick State OH Zip Code 43004			Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00			
Full Name (Last, First, Middle Initial) <b>C. WILLIAM R. PALMQUIST</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270636</b>		
Mailing Address 733 37th Avenue City Seattle State WA Zip Code 98122			Amount of Each Receipt this Period 55.08		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28		Occupation STRATEGIC COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 688.45			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			135.08		
<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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RACHEL S. PANCIERA**

Mailing Address 5210 Biddison Avenue

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

864.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y			
0	9								1	4			2	0	1	2

**Transaction ID : SA11AI.270187**

Amount of Each Receipt this Period

58.81

Full Name (Last, First, Middle Initial)

**B. RACHEL S. PANCIERA**

Mailing Address 5210 Biddison Avenue

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

923.69

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y			
0	9									2	8		2	0	1	2

**Transaction ID : SA11AI.270384**

Amount of Each Receipt this Period

58.81

Full Name (Last, First, Middle Initial)

**C. PAMELA PARKER**

Mailing Address 4814 298th Street

City

Toledo

State

OH

Zip Code

43611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/WASHINGTON LS

Occupation

SECRETARY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

269.36

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y			
0	9									1	1		2	0	1	2

**Transaction ID : SA11AI.273633**

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

136.86

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TAMMY PARMLY**

Mailing Address 420 Old Route 146 Loop

City	State	Zip Code
Vienna	IL	62995

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

MENTAL HEALTH TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.272760

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. JAMES PARRETT**

Mailing Address 517 Edgewood Drive

City	State	Zip Code
Burlington	WI	53105

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.272239

Amount of Each Receipt this Period

53.56

Full Name (Last, First, Middle Initial)

**C. THOMAS E. PATTERSON**

Mailing Address 2214 Barret Street

City	State	Zip Code
Burlington	IA	52601

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.273312

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)..... ▶

117.79

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. THOMAS E. PATTERSON</b> Full Name (Last, First, Middle Initial) Mailing Address 2214 Barret Street City Burlington State IA Zip Code 52601 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 326.91			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.273444</b> Amount of Each Receipt this Period 19.23
<b>B. DEBORAH JO PATTON</b> Full Name (Last, First, Middle Initial) Mailing Address 29 N Wacker City Chicago State IL Zip Code 60606 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 586.72			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272855</b> Amount of Each Receipt this Period 73.34
<b>C. JEFFREY D. PAULSEN</b> Full Name (Last, First, Middle Initial) Mailing Address 3006 30th Avenue SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270914</b> Amount of Each Receipt this Period 12.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			104.57
<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 377 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. JEFFREY D. PAULSEN

Mailing Address 3006 30th Avenue SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271209

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. IVY C. PAYTON

Mailing Address 2331 Carriage Drive

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271561

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

C. IVY C. PAYTON

Mailing Address 2331 Carriage Drive

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271919

Amount of Each Receipt this Period

12.00

SUBTOTAL of Receipts This Page (optional)..... ►

36.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ROSALYN O. PEACH**

Mailing Address P.O. Box 79

City State Zip Code  
Robinson IL 62454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/STATE OF IL

Occupation  
CORRECTIONAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272762

Amount of Each Receipt this Period

29.40

Full Name (Last, First, Middle Initial)

**B. BARRY PEARCE**

Mailing Address 130 N. Wilson Street

City State Zip Code  
Bellefonte PA 16823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270537

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**C. MELINDA PEARSON**

Mailing Address 3908 Hoffman Road  
Apt. 1B

City State Zip Code  
White Bear Lake MN 55110-4652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273155

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARIA F PEDERSEN**

Mailing Address 6607 Clearbrook Drive SE

City State Zip Code  
 Lacey WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270915

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. MARIA F PEDERSEN**

Mailing Address 6607 Clearbrook Drive SE

City State Zip Code  
 Lacey WA 98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271211

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. GLORIA A. PEGUES**

Mailing Address 1223 Carolwood Avenue

City State Zip Code  
 Columbus OH 43227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271562

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

52.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GLORIA A. PEGUES**

Mailing Address 1223 Carolwood Avenue

City State Zip Code  
Columbus OH 43227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271920

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**B. WILLIE L. PELOTE**

Mailing Address 351 Ross Way

City State Zip Code  
Sacramento CA 95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1114.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270188

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

**C. WILLIE L. PELOTE**

Mailing Address 351 Ross Way

City State Zip Code  
Sacramento CA 95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1167.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270385

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

117.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 381 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOANNE M. PELS**

Mailing Address 6987 County 38 NW

City	State	Zip Code
Walker	MN	56484

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

**Transaction ID : SA11AI.272946**

Amount of Each Receipt this Period

81.74

Full Name (Last, First, Middle Initial)

**B. JEFFERY L. PENNINGTON**

Mailing Address 579 Edgefield Drive

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.271563**

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. JEFFERY L. PENNINGTON**

Mailing Address 579 Edgefield Drive

City	State	Zip Code
Marion	OH	43302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : SA11AI.271921**

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.74

**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  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. PAMELA PERILLO</b></p> <p>Mailing Address 9270 Billingsley Road</p> <p>City State Zip Code          White Plains MD 20695</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L ADMINISTRATIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          602.65</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.270189</b></p> <p>Amount of Each Receipt this Period          35.45</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. PAMELA PERILLO</b></p> <p>Mailing Address 9270 Billingsley Road</p> <p>City State Zip Code          White Plains MD 20695</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME INT'L ADMINISTRATIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          638.10</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 28 / 2012  <b>Transaction ID : SA11AI.270386</b></p> <p>Amount of Each Receipt this Period          35.45</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. RANDOLPH P. PERREIRA</b></p> <p>Mailing Address 1044 Mokuhanu Street</p> <p>City State Zip Code          Honolulu HI 96825</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME HI LOC 152 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          1076.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 17 / 2012  <b>Transaction ID : SA11AI.272623</b></p> <p>Amount of Each Receipt this Period          100.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		170.90
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RANDOLPH P. PERREIRA**

Mailing Address 1044 Mokuhanu Street

City	State	Zip Code
Honolulu	HI	96825

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.270587

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. ROBERT E. PERRINE**

Mailing Address 15 Pine Drive

City	State	Zip Code
Sherman	IL	62684

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

CORRECTIONAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : SA11AI.272764

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. ELIZABETH PERROW**

Mailing Address 958 N. Harrison Street

City	State	Zip Code
Arlington	VA	22205

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270190

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 FOR LINE NUMBER: PAGE 384 OF 628  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH PERROW</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270387</b>	
Mailing Address 958 N. Harrison Street		Amount of Each Receipt this Period 65.88	
City Arlington	State VA	Zip Code 22205	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1141.92		
Full Name (Last, First, Middle Initial) <b>B. MICHAEL S. PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272856</b>	
Mailing Address 313 Sheridan Road		Amount of Each Receipt this Period 73.34	
City Wilmette	State IL	Zip Code 60091	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR EMP. INV. DEV. & TRAINING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.72		
Full Name (Last, First, Middle Initial) <b>C. BOBBIE L. PETERS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271566</b>	
Mailing Address 14999 Wheeler Road		Amount of Each Receipt this Period 16.00	
City Lagrange	State OH	Zip Code 44050	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		155.22	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BOBBIE L. PETERS**

Mailing Address 14999 Wheeler Road

City State Zip Code  
 Lagrange OH 44050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271924

Amount of Each Receipt this Period

16.00

Full Name (Last, First, Middle Initial)

**B. IVA PETERS**

Mailing Address 1939 Salem School Road

City State Zip Code  
 Pineyville KY 40162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1107.19

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270191

Amount of Each Receipt this Period

57.24

Full Name (Last, First, Middle Initial)

**C. IVA PETERS**

Mailing Address 1939 Salem School Road

City State Zip Code  
 Pineyville KY 40162

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1164.43

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270388

Amount of Each Receipt this Period

57.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

130.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TY PETERSEN**

Mailing Address 370 Crescent Loop

City

Vienna

State

IL

Zip Code

62995

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.28

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272885

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**B. KOLBY PETERSON**

Mailing Address 9326 Halston Court

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLLING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.97

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270192

Amount of Each Receipt this Period

48.41

Full Name (Last, First, Middle Initial)

**C. KOLBY PETERSON**

Mailing Address 9326 Halston Court

City

Fairfax Station

State

VA

Zip Code

22039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLLING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.38

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270389

Amount of Each Receipt this Period

48.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

105.22

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. RONNIE D PETERSON</b></p> <p>Mailing Address 1146 Rue Willette Blvd.</p> <p>City Ypsilanti State MI Zip Code 48197</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2445.12</p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270193</b> </p> <p>Amount of Each Receipt this Period 141.92</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RONNIE D PETERSON</b></p> <p>Mailing Address 1146 Rue Willette Blvd.</p> <p>City Ypsilanti State MI Zip Code 48197</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2587.04</p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270390</b> </p> <p>Amount of Each Receipt this Period 141.92</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. DANIEL J. PETRUSO</b></p> <p>Mailing Address 1212 Jefferson St., SE Suite 300</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 202.50</p>			<p>Date of Receipt  <b>09 / 10 / 2012</b>  <b>Transaction ID : SA11AI.270919</b> </p> <p>Amount of Each Receipt this Period 12.50</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			296.34	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. DANIEL J. PETRUSO

Mailing Address 1212 Jefferson St., SE  
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SA11AI.271215

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

B. URSULA PETTERS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2012

Transaction ID : SA11AI.270920

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. URSULA PETTERS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : SA11AI.271216

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.50

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. CHARLENE R PETTIES</b></p> <p>Mailing Address 554 Eelda Street</p> <p>City State Zip Code Columbus OH 43203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 277.50</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272480</b></p> <p>Amount of Each Receipt this Period 12.50</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CHARLENE R PETTIES</b></p> <p>Mailing Address 554 Eelda Street</p> <p>City State Zip Code Columbus OH 43203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 290.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272510</b></p> <p>Amount of Each Receipt this Period 12.50</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. RICHARD L. PETTIT</b></p> <p>Mailing Address 1957 Coppermine Road</p> <p>City State Zip Code Buchanan GA 30113</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA ORGANIZING DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 990.31</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270194</b></p> <p>Amount of Each Receipt this Period 62.28</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>87.28</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. CATHERINE PHILLIPS</b></p> <p>Mailing Address 15707 Manning Street</p> <p>City State Zip Code          Detroit MI 48205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MI CN 25 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          524.16</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 17 / 2012  <b>Transaction ID : SA11AI.272160</b></p> <p>Amount of Each Receipt this Period          29.12</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. KELLY PHILLIPS</b></p> <p>Mailing Address 390 Worthington Road</p> <p>City State Zip Code          Westerville OH 43082</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 11 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          660.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 26 / 2012  <b>Transaction ID : SA11AI.272063</b></p> <p>Amount of Each Receipt this Period          66.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. KEVIN L. PIATT</b></p> <p>Mailing Address 308 4th Street NE</p> <p>City State Zip Code          New Prague MN 56071</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          215.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 28 / 2012  <b>Transaction ID : SA11AI.273156</b></p> <p>Amount of Each Receipt this Period          45.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		140.12
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JEFFREY PITTMAN**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272341

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. RONALD W PITTS**

Mailing Address 2001-A Industrial Drive

City State Zip Code  
Marion IL 62959

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.13

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272886

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**C. JOSEPH PLUGER**

Mailing Address 605 South Jackson

City State Zip Code  
Gardner IL 60424

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.91

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272887

Amount of Each Receipt this Period

8.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

96.80

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KEVAN L. PLUMLEE**

Mailing Address 14039 Allen Road

City

Carterville

State

IL

Zip Code

62918

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

452.91

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272888

Amount of Each Receipt this Period

8.40

Full Name (Last, First, Middle Initial)

**B. RENEE POFF**

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

327.77

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270538

Amount of Each Receipt this Period

38.52

Full Name (Last, First, Middle Initial)

**C. STEVE POINTEC**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270922

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

66.92

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. STEVE POINTEC**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271218

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

## **B. CHRISTOPHER D. POLICANO**

Mailing Address 2480 16th Street NW  
Apt. 314

City Washington State DC Zip Code 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1255.32

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270195

Amount of Each Receipt this Period

72.96

Full Name (Last, First, Middle Initial)

## **C. CHRISTOPHER D. POLICANO**

Mailing Address 2480 16th Street NW  
Apt. 314

City Washington State DC Zip Code 20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, COMMUNICATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1328.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270392

Amount of Each Receipt this Period

72.96

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

165.92

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. NICOLE R. POLLARD**

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1028.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270196

Amount of Each Receipt this Period

60.50

Full Name (Last, First, Middle Initial)

**B. NICOLE R. POLLARD**

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1089.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270393

Amount of Each Receipt this Period

60.50

Full Name (Last, First, Middle Initial)

**C. GREGORY POPEK**

Mailing Address 29 N. Wacker Drive  
Suite 800

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272858

Amount of Each Receipt this Period

49.84

SUBTOTAL of Receipts This Page (optional)..... ►

170.84

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. EDWARD POTTS**

Mailing Address 240 Bentz Mill Road

City  
Wellsville

State Zip Code  
PA 17365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

617.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270539

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

## **B. GREGORY POWELL**

Mailing Address 11505 Circle Drive

City  
Austin

State Zip Code  
TX 78748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.273580

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

## **C. GREGORY POWELL**

Mailing Address 11505 Circle Drive

City  
Austin

State Zip Code  
TX 78748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME TX LOC 1624

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273581

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

153.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GREGORY 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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 26 / 2012

Transaction ID : SA11AI.273582

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. 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  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270588

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. REBECCA POWELL**

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
 Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270925

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

160.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

**A. REBECCA POWELL**

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : SA11AI.271221

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. STEVE PREBLE**

Mailing Address P.O. Box 204

City	State	Zip Code
Colerain	MN	55722

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 65

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

903.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272227

Amount of Each Receipt this Period

90.46

Full Name (Last, First, Middle Initial)

**C. HELEN PRESSLEY**

Mailing Address P.O. Box 7606

City	State	Zip Code
Olympia	WA	98507

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

Transaction ID : SA11AI.270926

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

131.46

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. HELEN PRESSLEY**

Mailing Address P.O. Box 7606

City

Olympia

State

WA

Zip Code

98507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271222

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

**B. DELBERT G. PRICE**

Mailing Address 885 Haverhill Drive

City

Hamilton

State

OH

Zip Code

45013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

743.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270197

Amount of Each Receipt this Period

43.71

Full Name (Last, First, Middle Initial)

**C. DELBERT G. PRICE**

Mailing Address 885 Haverhill Drive

City

Hamilton

State

OH

Zip Code

45013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

INTERNATIONAL UNION REP.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270394

Amount of Each Receipt this Period

43.71

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

108.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. ROBYN PRICE**

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272114

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. ROBYN PRICE**

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272161

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **C. MICHAEL E. PRIEST**

Mailing Address 8968 Larimer Drive

City State Zip Code  
Sturgeon Lake MN 55783

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273159

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

80.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ERWIN D. PRIM**

Mailing Address 729 1/2 Fourth Street

City	State	Zip Code
Marietta	OH	45750

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/MARIETTA CSD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.28

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273634

Amount of Each Receipt this Period

20.84

Full Name (Last, First, Middle Initial)

**B. AMANDA M. PRINCE**

Mailing Address 4894 Birchview Drive

City	State	Zip Code
Moose Lake	MN	55767

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272947

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**C. FRANK PROCHASKA**

Mailing Address P.O. Box 1484

City	State	Zip Code
Springfield	IL	62705

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.19

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272859

Amount of Each Receipt this Period

67.74

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

119.58

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARCIA PROVOST**

Mailing Address 555 Third Street SE

City	State	Zip Code
Milaca	MN	56353

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.273160

Amount of Each Receipt this Period

72.00

Full Name (Last, First, Middle Initial)

**B. JANET R. PULLEN**

Mailing Address 8003 Alcoa Drive

City	State	Zip Code
Ft. Washington	MD	20744

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.270198

Amount of Each Receipt this Period

35.45

Full Name (Last, First, Middle Initial)

**C. JANET R. PULLEN**

Mailing Address 8003 Alcoa Drive

City	State	Zip Code
Ft. Washington	MD	20744

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

Transaction ID : SA11AI.270395

Amount of Each Receipt this Period

35.45

SUBTOTAL of Receipts This Page (optional)..... ►

142.90

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CARY R. QUICK JR.**

Mailing Address 910 Campground Road

City State Zip Code  
 Anna IL 62906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME IL CN 31/STATE OF IL

Occupation  
 MENTAL HEALTH TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

09 / 01 / 2012

Transaction ID : SA11AI.272767

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. PHEDRA C. QUINCEY**

Mailing Address 802 N 40th Avenue  
 SP #82

City State Zip Code  
 Yakima WA 98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME WA CN 28

Occupation  
 COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270638

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. LLOYD L. RAINS**

Mailing Address 15829 Narraganset Oval

City State Zip Code  
 Middleburg Hts OH 44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 AFSCME OH LOC 4

Occupation  
 REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272390

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

135.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LLOYD L. RAINS**

Mailing Address 15829 Narraganset Oval

City State Zip Code  
Middleburg Hts OH 44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272447

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. JOHN RANDOLPH**

Mailing Address 323 60th Street SE

City State Zip Code  
Everett WA 98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270929

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. JOHN RANDOLPH**

Mailing Address 323 60th Street SE

City State Zip Code  
Everett WA 98203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271225

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

65.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SUSIE ANN RATHKE**

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270930

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**B. SUSIE ANN RATHKE**

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271226

Amount of Each Receipt this Period

22.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL D. RAUSCHER**

Mailing Address 2135 Cotter Road

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/ASHLAND

Occupation  
CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.54

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.273637

Amount of Each Receipt this Period

9.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

53.62

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AMYLEE RAY**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.88

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272342

Amount of Each Receipt this Period

58.32

Full Name (Last, First, Middle Initial)

**B. ZOLLIE RAYNER**

Mailing Address P.O. Box 51

City State Zip Code  
Albion PA 16401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270540

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**C. EMMANUEL L. REEVES**

Mailing Address 6615 150th Street SW  
Apt. 28

City State Zip Code  
Lakewood WA 98439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270932

Amount of Each Receipt this Period

26.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

157.48

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. EMMANUEL L. REEVES**

Mailing Address 6615 150th Street SW  
Apt. 28

City State Zip Code  
Lakewood WA 98439

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271228

Amount of Each Receipt this Period

26.00

Full Name (Last, First, Middle Initial)

**B. 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

AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270199

Amount of Each Receipt this Period

62.60

Full Name (Last, First, Middle Initial)

**C. 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

AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1148.80

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270396

Amount of Each Receipt this Period

62.60

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.20

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LAURA J. REISDORPH**

Mailing Address 915 F Street

City

Centralia

State

WA

Zip Code

98531

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

PUBLIC AFFAIRS ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270639

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

**B. LAURA REYES**

Mailing Address 2906 Shelby Drive

City

National Drive

State

CA

Zip Code

91950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

639.92

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270200

Amount of Each Receipt this Period

104.48

Full Name (Last, First, Middle Initial)

**C. LAURA REYES**

Mailing Address 2906 Shelby Drive

City

National Drive

State

CA

Zip Code

91950

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.40

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270397

Amount of Each Receipt this Period

104.48

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.96



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 628

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. HARRY RHODES</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 478.77</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270541</b></p> <p>Amount of Each Receipt this Period 58.18</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LISA E. RICE</b></p> <p>Mailing Address 1456 Greenmont Court</p> <p>City State Zip Code Reston VA 20190</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L PROJECT COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 666.57</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270201</b></p> <p>Amount of Each Receipt this Period 39.21</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LISA E. RICE</b></p> <p>Mailing Address 1456 Greenmont Court</p> <p>City State Zip Code Reston VA 20190</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L PROJECT COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 705.78</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270398</b></p> <p>Amount of Each Receipt this Period 39.21</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>136.60</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 410 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. SHAWN E. RICHARDSON</b> Full Name (Last, First, Middle Initial) Mailing Address 6688 Markwood Street City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271576</b> Amount of Each Receipt this Period 40.00		
<b>B. SHAWN E. RICHARDSON</b> Full Name (Last, First, Middle Initial) Mailing Address 6688 Markwood Street City State Zip Code Worthington OH 43085 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271934</b> Amount of Each Receipt this Period 40.00		
<b>C. MICHELLE RIDER</b> Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City State Zip Code Harrisburg PA 17111 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 957.54			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270542</b> Amount of Each Receipt this Period 116.36		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			196.36		
<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  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOY L. RING**

Mailing Address 1334 Haloa Drive

City

Honolulu

State

HI

Zip Code

96818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272626

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**B. LONNIE RIPLEY**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271232

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

**C. EVA RIPPETEAU**

Mailing Address 7208 N Mowawk

City

Portland

State

OR

Zip Code

97203

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273666

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

82.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. AYANA L. RIVERS</b></p> <p>Mailing Address 1475 Cunard Road</p> <p>City State Zip Code Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 296.97</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272481</b></p> <p>Amount of Each Receipt this Period 15.63</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. AYANA L. RIVERS</b></p> <p>Mailing Address 1475 Cunard Road</p> <p>City State Zip Code Columbus OH 43227</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 312.60</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272511</b></p> <p>Amount of Each Receipt this Period 15.63</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. CLAUDIA ROBERSON</b></p> <p>Mailing Address 7340 S. Yates 2nd Fl.</p> <p>City State Zip Code Chicago IL 60649</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 ASSOCIATE DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 758.40</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272860</b></p> <p>Amount of Each Receipt this Period 94.80</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>126.06</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DALE C. ROBERTS**

Mailing Address P.O. Box 338

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME WA CN 28

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

Transaction ID : SA11AI.270640

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. TIMOTHY W. ROBERTS**

Mailing Address 5033 Ridgewood Road E.

City

Springfield

State

OH

Zip Code

45503

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME OH LOC 11

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : SA11AI.272068

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. JESSICA R. ROBINSON**

Mailing Address 7901 Chicago Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing federal political committee.

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	2

Transaction ID : SA11AI.270202

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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 for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JESSICA R. ROBINSON</b>			Date of Receipt <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>9</td><td></td> <td>2</td><td>8</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table> <b>Transaction ID : SA11AI.270399</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		2	8		2	0	1	2																
Mailing Address 7901 Chicago Avenue  City Silver Spring State MD Zip Code 20910			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>78.39</td> </tr> </table>																						78.39
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FEC ID number of contributing federal political committee. <b>C</b>																									
Name of Employer AFSCME INT'L		Occupation ASSOCIATE GENERAL COUNSEL II																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1411.02</td> </tr> </table>																					1411.02		
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Full Name (Last, First, Middle Initial) <b>B. KATHRYN ROBINSON</b>			Date of Receipt <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>9</td><td></td> <td>0</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table> <b>Transaction ID : SA11AI.272861</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	1		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		0	1		2	0	1	2																
Mailing Address 29 N. Wacker Drive Suite 800  City Chicago State IL Zip Code 60606			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>51.68</td> </tr> </table>																						51.68
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FEC ID number of contributing federal political committee. <b>C</b>																									
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>413.44</td> </tr> </table>																					413.44		
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Full Name (Last, First, Middle Initial) <b>C. LYNN ANN RODENHUIS</b>			Date of Receipt <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>9</td><td></td> <td>1</td><td>4</td><td></td> <td>2</td><td>0</td><td>1</td><td>2</td> </tr> </table> <b>Transaction ID : SA11AI.270203</b>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	1	2
M	M	/	D	D	/	Y	Y	Y	Y																
0	9		1	4		2	0	1	2																
Mailing Address 406 Thayer Avenue  City Silver Spring State MD Zip Code 20910			Amount of Each Receipt this Period <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>56.94</td> </tr> </table>																						56.94
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Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, ORGNZNG & FLD SVCS																							
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<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>187.01</td> </tr> </table>																						187.01
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<b>TOTAL</b> This Period (last page this line number only)..... ▶			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. LYNN ANN RODENHUIS</b> Full Name (Last, First, Middle Initial) Mailing Address 406 Thayer Avenue City Silver Spring State MD Zip Code 20910 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOC. DIRECTOR, ORGNZNG & FLD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1024.92		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270400</b> Amount of Each Receipt this Period 56.94
<b>B. JUANITA M. RODRIGUEZ</b> Full Name (Last, First, Middle Initial) Mailing Address 4024 Wellington Drive City Oakdale State PA Zip Code 15071 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 ▼ 1259.32		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270204</b> Amount of Each Receipt this Period 66.96
<b>C. JUANITA M. RODRIGUEZ</b> Full Name (Last, First, Middle Initial) Mailing Address 4024 Wellington Drive City Oakdale State PA Zip Code 15071 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 ▼ 1326.28		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270401</b> Amount of Each Receipt this Period 66.96
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		190.86
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. LAWRENCE ROEHRIG</b></p> <p>Mailing Address 13084 Lia Court</p> <p>City State Zip Code London MI 48451</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2470.96</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 06 / 2012  <b>Transaction ID : SA11AI.272115</b> </p> <p>Amount of Each Receipt this Period 106.88</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LAWRENCE ROEHRIG</b></p> <p>Mailing Address 13084 Lia Court</p> <p>City State Zip Code London MI 48451</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2577.84</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 17 / 2012  <b>Transaction ID : SA11AI.272162</b> </p> <p>Amount of Each Receipt this Period 106.88</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. LAWRENCE ROEHRIG</b></p> <p>Mailing Address 13084 Lia Court</p> <p>City State Zip Code London MI 48451</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 2647.84</p>			<p>Date of Receipt            M M / D D / Y Y Y Y Y            09 / 28 / 2012  <b>Transaction ID : SA11AI.270590</b> </p> <p>Amount of Each Receipt this Period 70.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			283.76	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				



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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ALICE M ROGERS</b></p> <p>Mailing Address 1111 Sturm Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Walla Walla</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 99362</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">357.00</span></p>			City Walla Walla	State WA	Zip Code 99362	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2012</span>  <b>Transaction ID : SA11AI.270938</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Walla Walla	State WA	Zip Code 99362							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. ALICE M ROGERS</b></p> <p>Mailing Address 1111 Sturm Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Walla Walla</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 99362</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">378.00</span></p>			City Walla Walla	State WA	Zip Code 99362	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.271234</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">21.00</span></p>	
City Walla Walla	State WA	Zip Code 99362							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. CHARLES ROGINSKI</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Galena</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43021</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation REGIONAL DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">760.00</span></p>			City Galena	State OH	Zip Code 43021	Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 11 / 2012</span>  <b>Transaction ID : SA11AI.272391</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">40.00</span></p>	
City Galena	State OH	Zip Code 43021							
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">82.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. CHARLES ROGINSKI</b></p> <p>Mailing Address 6124 Crystal Valley Drive</p> <p>City State Zip Code Galena OH 43021</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272448</b></p> <p>Amount of Each Receipt this Period 40.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. KEITH E. ROSS</b></p> <p>Mailing Address 4187 W. 193rd Place</p> <p>City State Zip Code Tinley Park IL 60478</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31/STATE OF IL STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.12</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272770</b></p> <p>Amount of Each Receipt this Period 40.64</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. MICHAEL C. ROSS</b></p> <p>Mailing Address 9432 S. Harding</p> <p>City State Zip Code Evergreen Park IL 60805</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 549.92</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272862</b></p> <p>Amount of Each Receipt this Period 68.74</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>149.38</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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<p>Full Name (Last, First, Middle Initial)  <b>A. STEVE ROTH</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Des Moines</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50313</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">548.20</span></p>			City Des Moines	State IA	Zip Code 50313	Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y  09 / 11 / 2012 </div> <b>Transaction ID : SA11AI.272550</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
City Des Moines	State IA	Zip Code 50313						
Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE							
<p>Full Name (Last, First, Middle Initial)  <b>B. SUSAN L. ROWE</b></p> <p>Mailing Address 207 9th Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Slater</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50244</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">375.00</span></p>			City Slater	State IA	Zip Code 50244	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y  09 / 11 / 2012 </div> <b>Transaction ID : SA11AI.273320</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>
City Slater	State IA	Zip Code 50244						
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE							
<p>Full Name (Last, First, Middle Initial)  <b>C. SUSAN L. ROWE</b></p> <p>Mailing Address 207 9th Avenue</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Slater</td> <td style="width: 33%;">State IA</td> <td style="width: 33%;">Zip Code 50244</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME IA CN 61/STATE OF IA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">425.00</span></p>			City Slater	State IA	Zip Code 50244	Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y  09 / 21 / 2012 </div> <b>Transaction ID : SA11AI.273452</b> </p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">50.00</span></p>
City Slater	State IA	Zip Code 50244						
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE							
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">125.00</span>					
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>					

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 420 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial) <b>A. JOSEPH P. RUGOLA</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272392</b>		
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 100.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1992.00			
Full Name (Last, First, Middle Initial) <b>B. JOSEPH P. RUGOLA</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272449</b>		
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 100.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2092.00			
Full Name (Last, First, Middle Initial) <b>C. JOSEPH P. RUGOLA</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270591</b>		
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 14.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2106.00			
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			214.00		
<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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. BLAINE J RUMMEL</b></p> <p>Mailing Address 5 E. Glebe Road  Apt. D</p> <p>City Alexandria State VA Zip Code 22305</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECT, COMMUNICATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1796.65</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270205</b></p> <p>Amount of Each Receipt this Period  107.88</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. BLAINE J RUMMEL</b></p> <p>Mailing Address 5 E. Glebe Road  Apt. D</p> <p>City Alexandria State VA Zip Code 22305</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECT, COMMUNICATIONS</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1904.53</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270402</b></p> <p>Amount of Each Receipt this Period  107.88</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. VICKY S. RUPPERT</b></p> <p>Mailing Address 1016 W Main Street</p> <p>City Watertown State WI Zip Code 53098</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  360.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.272282</b></p> <p>Amount of Each Receipt this Period  20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		235.76
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. VICKY S. RUPPERT</b></p> <p>Mailing Address 1016 W Main Street</p> <p>City State Zip Code          Watertown WI 53098</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          380.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 21 / 2012  <b>Transaction ID : SA11AI.272283</b></p> <p>Amount of Each Receipt this Period          20.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. VERA SAADE</b></p> <p>Mailing Address 1309 Vine Street</p> <p>City State Zip Code          Lansing MI 48912</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MI CN 25 ASSISTANT DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          420.75</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 06 / 2012  <b>Transaction ID : SA11AI.272116</b></p> <p>Amount of Each Receipt this Period          24.75</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. VERA SAADE</b></p> <p>Mailing Address 1309 Vine Street</p> <p>City State Zip Code          Lansing MI 48912</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MI CN 25 ASSISTANT DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          445.50</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 17 / 2012  <b>Transaction ID : SA11AI.272163</b></p> <p>Amount of Each Receipt this Period          24.75</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			69.50	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 423 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JEFFREY C. SABIN**

Mailing Address 624 Celevland Street

City	State	Zip Code
Eveleth	MN	55734

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272948

Amount of Each Receipt this Period

49.94

Full Name (Last, First, Middle Initial)

**B. GEORGE SACHARIAN**

Mailing Address 126 S. Lynn Blvd.

City	State	Zip Code
Upper Darby	PA	19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270543

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**C. CARRIE B. SACHSE**

Mailing Address 3506 Hershey Road

City	State	Zip Code
Erie	PA	16506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270206

Amount of Each Receipt this Period

28.38

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.48

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CARRIE B. SACHSE**

Mailing Address 3506 Hershey Road

City State Zip Code  
Erie PA 16506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.26

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270403

Amount of Each Receipt this Period

28.38

Full Name (Last, First, Middle Initial)

**B. CURTIS C. SALOW**

Mailing Address 317 4th Avenue S E

City State Zip Code  
Independence IA 50644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273321

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. CURTIS C. SALOW**

Mailing Address 317 4th Avenue S E

City State Zip Code  
Independence IA 50644

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273453

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

78.38

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KYM S. SALOW**

Mailing Address 317 4th Avenue S E

City State Zip Code  
Independence IA 50644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

**Transaction ID : SA11AI.273322**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**B. KYM S. SALOW**

Mailing Address 317 4th Avenue S E

City State Zip Code  
Independence IA 50644

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : SA11AI.273454**

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

**C. JOHN SALSBURY**

Mailing Address P.O. Box 65793

City State Zip Code  
Washington DC 20035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COMMUNICATION MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.05

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.270207**

Amount of Each Receipt this Period

36.15

**SUBTOTAL** of Receipts This Page (optional)..... ►

66.15

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JOHN SALSBURY</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 28 / 2012</div> </div> <b>Transaction ID : SA11AI.270404</b> </p>		
<p>Mailing Address P.O. Box 65793</p>					
<p>City Washington</p>	<p>State DC</p>	<p>Zip Code 20035</p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>			<p>Amount of Each Receipt this Period  <div>36.15</div> </p>		
<p>Name of Employer AFSCME INT'L</p>		<p>Occupation FIELD COMMUNICATION MANAGER</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Aggregate Year-to-Date ▼  <div>643.20</div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>B. PATRIA L. SAMPSON</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 10 / 2012</div> </div> <b>Transaction ID : SA11AI.270944</b> </p>		
<p>Mailing Address 2700 Maple Street Unit C121</p>					
<p>City Bremerton</p>	<p>State WA</p>	<p>Zip Code 98310</p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>			<p>Amount of Each Receipt this Period  <div>20.00</div> </p>		
<p>Name of Employer AFSCME WA CN 28/STATE OF WA</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Aggregate Year-to-Date ▼  <div>340.00</div> </p>			
<p>Full Name (Last, First, Middle Initial)  <b>C. PATRIA L. SAMPSON</b></p>			<p>Date of Receipt  <div> <div>M M / D D / Y Y Y Y Y</div> <div>09 / 25 / 2012</div> </div> <b>Transaction ID : SA11AI.271240</b> </p>		
<p>Mailing Address 2700 Maple Street Unit C121</p>					
<p>City Bremerton</p>	<p>State WA</p>	<p>Zip Code 98310</p>			
<p>FEC ID number of contributing federal political committee.  <div>C</div> </p>			<p>Amount of Each Receipt this Period  <div>20.00</div> </p>		
<p>Name of Employer AFSCME WA CN 28/STATE OF WA</p>		<p>Occupation STAFF REPRESENTATIVE</p>			
<p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p>		<p>Aggregate Year-to-Date ▼  <div>360.00</div> </p>			
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<div>76.15</div>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<div></div>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JUNE E. SANDERSON</b></p> <p>Mailing Address 4304 Independence Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Sunnyside</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98944</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">255.00</span></p>			City Sunnyside	State WA	Zip Code 98944	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 10 / 2012</span>  <b>Transaction ID : SA11AI.270945</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>	
City Sunnyside	State WA	Zip Code 98944							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>B. JUNE E. SANDERSON</b></p> <p>Mailing Address 4304 Independence Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Sunnyside</td> <td style="width: 33%;">State WA</td> <td style="width: 33%;">Zip Code 98944</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WA CN 28/STATE OF WA</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">270.00</span></p>			City Sunnyside	State WA	Zip Code 98944	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 25 / 2012</span>  <b>Transaction ID : SA11AI.271241</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>	
City Sunnyside	State WA	Zip Code 98944							
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE								
<p>Full Name (Last, First, Middle Initial)  <b>C. WILBERT R. SATTLER</b></p> <p>Mailing Address 73981 Morgan Hill Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Adena</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43901</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 11/STATE OF OH</td> <td style="width: 66%;">Occupation CORRECTION OFFICER</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">360.00</span></p>			City Adena	State OH	Zip Code 43901	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 07 / 2012</span>  <b>Transaction ID : SA11AI.271589</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
City Adena	State OH	Zip Code 43901							
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">50.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. WILBERT R. SATTLER</b> Full Name (Last, First, Middle Initial) Mailing Address 73981 Morgan Hill Road City Adena State OH Zip Code 43901 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271947</b> Amount of Each Receipt this Period 20.00
<b>B. LEE A. SAUNDERS</b> Full Name (Last, First, Middle Initial) Mailing Address 7510 Alaska Avenue NW City Washington State DC Zip Code 20012 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2165.24			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270208</b> Amount of Each Receipt this Period 122.92
<b>C. LEE A. SAUNDERS</b> Full Name (Last, First, Middle Initial) Mailing Address 7510 Alaska Avenue NW City Washington State DC Zip Code 20012 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2288.16			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270405</b> Amount of Each Receipt this Period 122.92
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			265.84
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARIANNE SAUNDERS**

Mailing Address 48 Mullen Street

City

Uniontown

State

PA

Zip Code

15401-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.44

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9								1	1		2	0	1	2

Transaction ID : SA11AI.270544

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**B. SHELLIE A. SAVAGE**

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9								1	0		2	0	1	2

Transaction ID : SA11AI.270948

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. SHELLIE A. SAVAGE**

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y		
0	9								2	5		2	0	1	2

Transaction ID : SA11AI.271244

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

133.16

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. MARY ANN SAYTAR</b></p> <p>Mailing Address 609 Penn Street</p> <p>City State Zip Code Steelton PA 17113</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 434.58</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270545</b></p> <p>Amount of Each Receipt this Period 48.66</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. LAWRENCE SCANLON</b></p> <p>Mailing Address 1108 Duke Street</p> <p>City State Zip Code Alexandria VA 22314-3514</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L/STATE STREET RETIREE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 982.13</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270454</b></p> <p>Amount of Each Receipt this Period 48.41</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. RUSSELL W. SCHEIDLER</b></p> <p>Mailing Address 1099 Albemarle Street</p> <p>City State Zip Code St. Paul MN 55117</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273174</b></p> <p>Amount of Each Receipt this Period 30.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>127.07</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JAMES SCHMITZ</b></p> <p>Mailing Address 6437 Rock Forest Drive  #305</p> <p>City State Zip Code  Bethesda MD 20817</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L/STATE STREET RETIREE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  450.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.270455</b></p> <p>Amount of Each Receipt this Period  50.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. DARL D. SCHOSSOW</b></p> <p>Mailing Address 1910 2nd Avenue  P.O. Box 189</p> <p>City State Zip Code  Newport MN 55055-0189</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1050.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012</p> <p><b>Transaction ID : SA11AI.273175</b></p> <p>Amount of Each Receipt this Period  150.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. ERIC SCHUBERT</b></p> <p>Mailing Address 132 College Avenue</p> <p>City State Zip Code  Elmhurst PA 18416</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  562.95</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012</p> <p><b>Transaction ID : SA11AI.270546</b></p> <p>Amount of Each Receipt this Period  67.70</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		<p>267.70</p>
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 432 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARY SCHWANGER**

Mailing Address 419 Valley Street

City State Zip Code  
 Marysville PA 17053

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1158.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2012

Transaction ID : SA11AI.270547

Amount of Each Receipt this Period

115.68

Full Name (Last, First, Middle Initial)

**B. EDWARD SCHWARTZ**

Mailing Address 205 N. Michigan Avenue

City State Zip Code  
 Chicago IL 60601

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

CHILD PROTECTION SPED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.14

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2012

Transaction ID : SA11AI.272772

Amount of Each Receipt this Period

31.26

Full Name (Last, First, Middle Initial)

**C. JESSIE M. SCOTT**

Mailing Address P.O. Box 13886

City State Zip Code  
 Columbus OH 43213

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

926.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271593

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

181.94



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 433 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JESSIE M. SCOTT**

Mailing Address P.O. Box 13886

City	State	Zip Code
Columbus	OH	43213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

Transaction ID : SA11AI.271951

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. VIRGINIA L. SCOTT**

Mailing Address 513 Navaho Drive

City	State	Zip Code
Loveland	OH	45140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SYCAMORE CCSD

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.273641

Amount of Each Receipt this Period

19.24

Full Name (Last, First, Middle Initial)

**C. SHARON ANN SCROGGINS**

Mailing Address 626 Greenway Road

City	State	Zip Code
Henderson	NV	89002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270209

Amount of Each Receipt this Period

30.74

**SUBTOTAL** of Receipts This Page (optional)..... ►

84.98

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. SHARON ANN SCROGGINS</b> Full Name (Last, First, Middle Initial) Mailing Address 626 Greenway Road City Henderson State NV Zip Code 89002 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 544.07		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270406</b> Amount of Each Receipt this Period 30.74
<b>B. CHARLES SCUDDER</b> Full Name (Last, First, Middle Initial) Mailing Address 190 W. Ostend Street Suite 101 City Baltimore State MD Zip Code 21230 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 495.00		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272343</b> Amount of Each Receipt this Period 55.00
<b>C. SHELLEY K. SEEBERG</b> Full Name (Last, First, Middle Initial) Mailing Address 13096 Charleston Way City Rosemount State MN Zip Code 55068 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 806.42		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270210</b> Amount of Each Receipt this Period 46.26
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		132.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. SHELLEY K. SEEBERG</b></p> <p>Mailing Address 13096 Charlston Way</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Rosemount</td> <td style="width: 33%;">State MN</td> <td style="width: 33%;">Zip Code 55068</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation AREA FIELD SERVICES DIRECTOR</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">852.68</span> </p>			City Rosemount	State MN	Zip Code 55068	Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 09</td> <td style="width: 33%; text-align: center;">D D D 28</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2012</td> </tr> </table> <p><b>Transaction ID : SA11AI.270407</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">46.26</span> </p>		M M M 09	D D D 28	Y Y Y Y Y Y 2012
City Rosemount	State MN	Zip Code 55068										
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR											
M M M 09	D D D 28	Y Y Y Y Y Y 2012										
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN SEFERIAN</b></p> <p>Mailing Address 1425 Foxhall Road NW</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Washington</td> <td style="width: 33%;">State DC</td> <td style="width: 33%;">Zip Code 20007</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation CHAIRPERSON, JUDICIAL PANEL</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">381.72</span> </p>			City Washington	State DC	Zip Code 20007	Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 09</td> <td style="width: 33%; text-align: center;">D D D 14</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2012</td> </tr> </table> <p><b>Transaction ID : SA11AI.270211</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">13.30</span> </p>		M M M 09	D D D 14	Y Y Y Y Y Y 2012
City Washington	State DC	Zip Code 20007										
Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL											
M M M 09	D D D 14	Y Y Y Y Y Y 2012										
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN SEFERIAN</b></p> <p>Mailing Address 1425 Foxhall Road NW</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Washington</td> <td style="width: 33%;">State DC</td> <td style="width: 33%;">Zip Code 20007</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation CHAIRPERSON, JUDICIAL PANEL</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">395.02</span> </p>			City Washington	State DC	Zip Code 20007	Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL	<p>Date of Receipt</p> <table style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">M M M 09</td> <td style="width: 33%; text-align: center;">D D D 28</td> <td style="width: 33%; text-align: center;">Y Y Y Y Y Y 2012</td> </tr> </table> <p><b>Transaction ID : SA11AI.270408</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">13.30</span> </p>		M M M 09	D D D 28	Y Y Y Y Y Y 2012
City Washington	State DC	Zip Code 20007										
Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL											
M M M 09	D D D 28	Y Y Y Y Y Y 2012										
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">72.86</span>									
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>									

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ELIOT A. SEIDE**

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

947.38

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272949

Amount of Each Receipt this Period

92.82

Full Name (Last, First, Middle Initial)

**B. ELIOT A. SEIDE**

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.38

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270592

Amount of Each Receipt this Period

14.00

Full Name (Last, First, Middle Initial)

**C. MARC SEIDEN**

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.27

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272313

Amount of Each Receipt this Period

44.62

**SUBTOTAL** of Receipts This Page (optional)..... ►

151.44

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 437 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TANYA C. SERRELL**

Mailing Address 2327 Dunkirk Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.271594**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. TANYA C. SERRELL**

Mailing Address 2327 Dunkirk Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

JUVENILE CORRECTION OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : SA11AI.271952**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MICHELLE A SFORZA**

Mailing Address 415 U Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, CORPORATE AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

881.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

**Transaction ID : SA11AI.270212**

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

102.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 438 OF 628  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MICHELLE A SFORZA**

Mailing Address 415 U Street NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASST. DIRECTOR, CORPORATE AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

933.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	2

**Transaction ID : SA11AI.270409**

Amount of Each Receipt this Period

52.50

Full Name (Last, First, Middle Initial)

**B. DOMINIC SGRO**

Mailing Address 144 Stormer Road

City

Indiana

State

PA

Zip Code

15701-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1061.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	2

**Transaction ID : SA11AI.270548**

Amount of Each Receipt this Period

115.68

Full Name (Last, First, Middle Initial)

**C. TIMOTHY P. SHAFER**

Mailing Address P. O. Box 322

City

Waverly

State

OH

Zip Code

45690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

**Transaction ID : SA11AI.272072**

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

238.18

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. DIANE SHANNON</b></p> <p>Mailing Address 8 Beacon Street</p> <p>City State Zip Code          Boston MA 02108-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME MA CN 93 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          450.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 07 / 2012  <b>Transaction ID : SA11AI.272190</b></p> <p>Amount of Each Receipt this Period          50.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JOE E. SHANNON III</b></p> <p>Mailing Address 1614 Omar Drive</p> <p>City State Zip Code          Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          360.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 07 / 2012  <b>Transaction ID : SA11AI.271596</b></p> <p>Amount of Each Receipt this Period          20.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. JOE E. SHANNON III</b></p> <p>Mailing Address 1614 Omar Drive</p> <p>City State Zip Code          Columbus OH 43207</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          380.00</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 21 / 2012  <b>Transaction ID : SA11AI.271954</b></p> <p>Amount of Each Receipt this Period          20.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		90.00
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BETHANY D. SHEETS**

Mailing Address 570 Friendly Ridge Road

City State Zip Code  
 Crown City OH 45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.271598

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. BETHANY D. SHEETS**

Mailing Address 570 Friendly Ridge Road

City State Zip Code  
 Crown City OH 45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.271956

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MARCUS E. SHERROD**

Mailing Address 2073 Henley Road

City State Zip Code  
 Springfield IL 62702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 01 / 2012

Transaction ID : SA11AI.272773

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

125.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 441 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GARY SHIMER**

Mailing Address 5421 Marcy Street

City State Zip Code  
Warren MI 48091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272119

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**B. GARY SHIMER**

Mailing Address 5421 Marcy Street

City State Zip Code  
Warren MI 48091

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272166

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

**C. CRYSTAL SHREFFLER**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.86

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270550

Amount of Each Receipt this Period

35.54

**SUBTOTAL** of Receipts This Page (optional)..... ►

93.78

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. STEVE SIEGEL**

Mailing Address 411 North Court

City State Zip Code  
Ottumwa IA 52501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272551

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

**B. BETTY J. SIMMONS-TALLEY**

Mailing Address 2189 Lexington Avenue

City State Zip Code  
Columbus OH 43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272482

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. BETTY J. SIMMONS-TALLEY**

Mailing Address 2189 Lexington Avenue

City State Zip Code  
Columbus OH 43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272512

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

90.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 443 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ISSA J. SIMPSON**

Mailing Address 1139 S.E. 16th Avenue

City State Zip Code  
Portland OR 97214-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273669

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**B. APRIL SIMS**

Mailing Address 631 110th Street S

City State Zip Code  
Tacoma WA 98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LPA FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270641

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. TODD L. SINGER**

Mailing Address 1030 6th Avenue

City State Zip Code  
Steelton PA 17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

ADMINISTRATIVE/CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273012

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ROBERT M. SKEES</b></p> <p>Mailing Address 643 Grandview Avenue</p> <p>City State Zip Code  Pittsburgh PA 15202</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  400.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.273013</b></p> <p>Amount of Each Receipt this Period  60.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. TERRY SKULTETY</b></p> <p>Mailing Address 222 Meade Street</p> <p>City State Zip Code  Homer City PA 15748</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  578.33</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270551</b></p> <p>Amount of Each Receipt this Period  67.70</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. WALTER P. SMICK</b></p> <p>Mailing Address 4912 NE 114th Street</p> <p>City State Zip Code  Vancouver WA 98686</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  221.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 10 / 2012  <b>Transaction ID : SA11AI.270953</b></p> <p>Amount of Each Receipt this Period  13.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>140.70</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. WALTER P. SMICK</b></p> <p>Mailing Address 4912 NE 114th Street</p> <p>City State Zip Code Vancouver WA 98686</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 234.00</p>			<p>Date of Receipt  <b>09 / 25 / 2012</b>  <b>Transaction ID : SA11AI.271249</b> </p> <p>Amount of Each Receipt this Period 13.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. BETTY SMITH</b></p> <p>Mailing Address 19292 Archer</p> <p>City State Zip Code Detroit MI 48219</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 565.42</p>			<p>Date of Receipt  <b>09 / 06 / 2012</b>  <b>Transaction ID : SA11AI.272120</b> </p> <p>Amount of Each Receipt this Period 33.26</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. BETTY SMITH</b></p> <p>Mailing Address 19292 Archer</p> <p>City State Zip Code Detroit MI 48219</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 598.68</p>			<p>Date of Receipt  <b>09 / 17 / 2012</b>  <b>Transaction ID : SA11AI.272167</b> </p> <p>Amount of Each Receipt this Period 33.26</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			79.52	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. CHARLESETTA M. SMITH</b></p> <p>Mailing Address 2606 Heritage Drive</p> <p>City Champaign State IL Zip Code 61822</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY III</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 432.45</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272775</b>            Amount of Each Receipt this Period 41.70         </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. CONNIE SMITH</b></p> <p>Mailing Address 1739 E 24th Street</p> <p>City Capitol Heights State IA Zip Code 50317</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 527.94</p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.272553</b>            Amount of Each Receipt this Period 58.66         </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DEREK L. SMITH</b></p> <p>Mailing Address 4306 Broken Arrow Court</p> <p>City Clinton State MD Zip Code 20735</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, GENERAL SERVICE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 824.79</p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270215</b>            Amount of Each Receipt this Period 45.39         </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>145.75</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DEREK L. SMITH**

Mailing Address 4306 Broken Arrow Court

City State Zip Code  
Clinton MD 20735

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, GENERAL SERVICE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.18

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270412

Amount of Each Receipt this Period

45.39

Full Name (Last, First, Middle Initial)

**B. KRISTIN SMITH**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.58

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270552

Amount of Each Receipt this Period

48.66

Full Name (Last, First, Middle Initial)

**C. NEFERTITI SMITH**

Mailing Address 2013 S. 16th Avenue

City State Zip Code  
Broadview IL 60155

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

669.28

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272863

Amount of Each Receipt this Period

83.66

SUBTOTAL of Receipts This Page (optional)..... ►

177.71

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. PEARL ALICE SMITH</b></p> <p>Mailing Address 116 Winchester Street</p> <p>City State Zip Code Providence RI 02904-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L PEOPLE COORDINATOR III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 672.30</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270216</b></p> <p>Amount of Each Receipt this Period 44.82</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. PEARL ALICE SMITH</b></p> <p>Mailing Address 116 Winchester Street</p> <p>City State Zip Code Providence RI 02904-0000</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L PEOPLE COORDINATOR III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 717.12</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270413</b></p> <p>Amount of Each Receipt this Period 44.82</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER SMUDDE</b></p> <p>Mailing Address 1821 Clearview Drive</p> <p>City State Zip Code Springfield IL 62704</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 MIS SPECIALIST</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 586.72</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272864</b></p> <p>Amount of Each Receipt this Period 73.34</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>162.98</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. BESSIE SNIDER**

Mailing Address 1034 N Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272121

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **B. BESSIE SNIDER**

Mailing Address 1034 N Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272168

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **C. JOYCE M. SNIDER**

Mailing Address 1907 Easy Street

City State Zip Code  
Urbana IL 61802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

SECRETARY IV

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.45

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272776

Amount of Each Receipt this Period

41.70

**SUBTOTAL** of Receipts This Page (optional)..... ►

83.70

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. 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 ▼

1090.41

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270553

Amount of Each Receipt this Period

115.68

Full Name (Last, First, Middle Initial)

**B. DARRIN SPANN**

Mailing Address 6130 Springford Drive  
#C6

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.51

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270554

Amount of Each Receipt this Period

98.18

Full Name (Last, First, Middle Initial)

**C. JAMES L. SPEARS JR.**

Mailing Address 7537 Claiborne Woods Road

City

Charlotte

State

NC

Zip Code

28216

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.42

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270217

Amount of Each Receipt this Period

34.25

SUBTOTAL of Receipts This Page (optional)..... ▶

248.11

TOTAL This Period (last page this line number only)..... ▶

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule A (Form 3X) Rev. 02/2003

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BEVERLY J. SPETZ**

Mailing Address 112 Elmwood Street

City State Zip Code  
Delta OH 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 ▼

1092.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272395

Amount of Each Receipt this Period

58.48

Full Name (Last, First, Middle Initial)

**B. BEVERLY J. SPETZ**

Mailing Address 112 Elmwood Street

City State Zip Code  
Delta OH 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 ▼

1151.12

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 18 / 2012

Transaction ID : SA11AI.272452

Amount of Each Receipt this Period

58.48

Full Name (Last, First, Middle Initial)

**C. PAUL K. SPINK**

Mailing Address 3421 S 9th Place

City State Zip Code  
Milwaukee WI 53215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.272286

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

134.96

**TOTAL** This Period (last page this line number only)..... ►

X	11a		11b		11c		12		
	13		14		15		16		17

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

[illegible]

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KAMALA B. SRIKAR**

Mailing Address 9908 Colebrook Avenue

City State Zip Code  
 Potomac MD 20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOC. DIRECTOR, CONF & TRAVEL SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

996.45

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270415

Amount of Each Receipt this Period

51.10

Full Name (Last, First, Middle Initial)

**B. THERESA A. ST. AORO**

Mailing Address 1545 Hamline Avenue N  
 West Unit

City State Zip Code  
 St. Paul MN 55108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.273186

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

**C. ARTHUR JAMES STANLEY**

Mailing Address 2939 Graham Road

City State Zip Code  
 Falls Church VA 22842

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.25

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270219

Amount of Each Receipt this Period

30.91

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

142.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ARTHUR JAMES STANLEY</b></p> <p>Mailing Address 2939 Graham Road</p> <p>City Falls Church State VA Zip Code 22842</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>597.16</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270416</b> </p> <p>Amount of Each Receipt this Period  <b>30.91</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>B. BEATRICE E. STANLEY</b></p> <p>Mailing Address P.O. Box 116</p> <p>City Dwight State IL Zip Code 60420</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31/STATE OF IL Occupation LIBRARIAN I</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>336.00</b></p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272779</b> </p> <p>Amount of Each Receipt this Period  <b>42.00</b> </p>	
<p>Full Name (Last, First, Middle Initial) <b>C. KATHY A. STEICHEN</b></p> <p>Mailing Address 830 W. 18th Street 3rd Fl.</p> <p>City Chicago State IL Zip Code 60608</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation PROJECT STAFF ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>467.80</b></p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272866</b> </p> <p>Amount of Each Receipt this Period  <b>59.56</b> </p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>132.47</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JONATHAN P. STEIN**

Mailing Address 8 Hickory Avenue

City

New Windsor

State

NY

Zip Code

12553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY RET CHPT 1000

Occupation

RETIREE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 07 / 2012

Transaction ID : SA11AI.273591

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. RUTH M STEINMETZ**

Mailing Address 6 Tegner Court

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, CONF. &amp; TRVL SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

705.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.270220

Amount of Each Receipt this Period

40.07

Full Name (Last, First, Middle Initial)

**C. RUTH M STEINMETZ**

Mailing Address 6 Tegner Court

City

Rockville

State

MD

Zip Code

20850

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSIST. DIRECTOR, CONF. &amp; TRVL SVCS

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

745.46

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.270417

Amount of Each Receipt this Period

40.07

**SUBTOTAL** of Receipts This Page (optional)..... ►

330.14

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. MICHELE STELOVICH</b> Full Name (Last, First, Middle Initial) Mailing Address 21114 77th Place West Apt. #102 City Edmonds State WA Zip Code 98026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 331.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270960</b> Amount of Each Receipt this Period 20.00
<b>B. MICHELE STELOVICH</b> Full Name (Last, First, Middle Initial) Mailing Address 21114 77th Place West Apt. #102 City Edmonds State WA Zip Code 98026 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 351.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271257</b> Amount of Each Receipt this Period 20.00
<b>C. BECKY STEPHENS</b> Full Name (Last, First, Middle Initial) Mailing Address 4637 Olympia Way City Longview State WA Zip Code 98632 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.270704</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶		65.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. VICKIE R. STEPHENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273329

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. VICKIE R. STEPHENS

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61/STATE OF IA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273462

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

C. JUDY R STEVENS

Mailing Address 7240 Fairchild Drive  
#201

City

Alexandria

State

VA

Zip Code

22306

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

STRATEGIC ANALYST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.44

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270221

Amount of Each Receipt this Period

46.05

SUBTOTAL of Receipts This Page (optional)..... ►

76.05

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. JUDY R STEVENS</b></p> <p>Mailing Address 7240 Fairchild Drive #201</p> <p>City State Zip Code Alexandria VA 22306</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L STRATEGIC ANALYST III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 816.49</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270418</b></p> <p>Amount of Each Receipt this Period 46.05</p>
<p>Full Name (Last, First, Middle Initial) <b>B. IVA J. STEWART</b></p> <p>Mailing Address 1252 Drysdale Square N.</p> <p>City State Zip Code Columbus OH 43229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY TEACHER AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 237.50</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272483</b></p> <p>Amount of Each Receipt this Period 12.50</p>
<p>Full Name (Last, First, Middle Initial) <b>C. IVA J. STEWART</b></p> <p>Mailing Address 1252 Drysdale Square N.</p> <p>City State Zip Code Columbus OH 43229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY TEACHER AIDE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272513</b></p> <p>Amount of Each Receipt this Period 12.50</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		71.05
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KATHLEEN M. STEWART</b> Full Name (Last, First, Middle Initial) Mailing Address 7326 State Route 19 City Mount Gilead State OH Zip Code 43338 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 519.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271619</b> Amount of Each Receipt this Period 20.00
<b>B. KATHLEEN M. STEWART</b> Full Name (Last, First, Middle Initial) Mailing Address 7326 State Route 19 City Mount Gilead State OH Zip Code 43338 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 539.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271977</b> Amount of Each Receipt this Period 20.00
<b>C. GREGORY S. STIGER</b> Full Name (Last, First, Middle Initial) Mailing Address 3320 Plank Road City New Castle State PA Zip Code 16105 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 341.42			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270555</b> Amount of Each Receipt this Period 41.72
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			81.72
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. WILLIAM STOUFFER</b></p> <p>Mailing Address 29B - 2nd Street</p> <p>City State Zip Code North Irwin PA 15642</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 658.44</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270556</b></p> <p>Amount of Each Receipt this Period 73.16</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. CHUCK B. STOUT</b></p> <p>Mailing Address 3073 Twin Lakes Drive</p> <p>City State Zip Code Springfield IL 62707-9312</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 452.91</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272889</b></p> <p>Amount of Each Receipt this Period 8.40</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. ANDREA STRADER</b></p> <p>Mailing Address 1234 Massachusetts Avenue NW #524</p> <p>City State Zip Code Washington DC 20005</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L POLITICAL ACTION REPRESENTATIVE III</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 885.41</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270222</b></p> <p>Amount of Each Receipt this Period 48.73</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>130.29</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. ANDREA STRADER**

Mailing Address 1234 Massachusetts Avenue NW  
 #524

City State Zip Code  
 Washington DC 20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.270419

Amount of Each Receipt this Period

48.73

Full Name (Last, First, Middle Initial)

## **B. TRACY STRAUSSER**

Mailing Address 217 Driftwood Drive

City State Zip Code  
 Canonsburg PA 15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 14 2012

Transaction ID : SA11AI.270223

Amount of Each Receipt this Period

26.20

Full Name (Last, First, Middle Initial)

## **C. TRACY STRAUSSER**

Mailing Address 217 Driftwood Drive

City State Zip Code  
 Canonsburg PA 15317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

FIELD ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA11AI.270420

Amount of Each Receipt this Period

26.20

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.13

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. TIMOTHY J. STRECKER</b> Full Name (Last, First, Middle Initial) Mailing Address 70 I Street SE Apt. 1230 City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, INFORMATION SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 956.74			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270224</b> Amount of Each Receipt this Period 55.42
<b>B. TIMOTHY J. STRECKER</b> Full Name (Last, First, Middle Initial) Mailing Address 70 I Street SE Apt. 1230 City Washington State DC Zip Code 20003 FEC ID number of contributing federal political committee. C Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, INFORMATION SYS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1012.16			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270421</b> Amount of Each Receipt this Period 55.42
<b>C. MARVA J. STROUD</b> Full Name (Last, First, Middle Initial) Mailing Address 1055 5th Street City Aurora State IL Zip Code 60505 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SPECIAL THERAPY AIDE I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 398.77			Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272781</b> Amount of Each Receipt this Period 41.43
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			152.27
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BARBARA STRUNGE**

Mailing Address P.O. Box 1068

City State Zip Code  
Anoka MN 55303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273194

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

**B. MARY J. STUCKERT**

Mailing Address 814 S. Spring Street

City State Zip Code  
Bucyrus OH 44820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/STATE OF OH

Occupation  
ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271622

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MARY J. STUCKERT**

Mailing Address 814 S. Spring Street

City State Zip Code  
Bucyrus OH 44820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/STATE OF OH

Occupation  
ODJFS CUSTOMER SERVICE REP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271980

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

76.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ARLENE STURDIVANT</b></p> <p>Mailing Address 6113 Kolb Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Fairmont Heights</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20743</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation ADMINISTRATIVE ASSISTANT I</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">420.00</span></p>			City Fairmont Heights	State MD	Zip Code 20743	Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 14 / 2012</span>  <b>Transaction ID : SA11AI.270225</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>	
City Fairmont Heights	State MD	Zip Code 20743							
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I								
<p>Full Name (Last, First, Middle Initial)  <b>B. ARLENE STURDIVANT</b></p> <p>Mailing Address 6113 Kolb Street</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Fairmont Heights</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20743</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME INT'L</td> <td style="width: 66%;">Occupation ADMINISTRATIVE ASSISTANT I</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">445.00</span></p>			City Fairmont Heights	State MD	Zip Code 20743	Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 28 / 2012</span>  <b>Transaction ID : SA11AI.270422</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">25.00</span></p>	
City Fairmont Heights	State MD	Zip Code 20743							
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I								
<p>Full Name (Last, First, Middle Initial)  <b>C. RENATA L. STURTEVANT</b></p> <p>Mailing Address W9695 Lake Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Edgerton</td> <td style="width: 33%;">State WI</td> <td style="width: 33%;">Zip Code 53534</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME WI CN 24/STATE OF WI</td> <td style="width: 66%;">Occupation STAFF REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>			City Edgerton	State WI	Zip Code 53534	Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 01 / 2012</span>  <b>Transaction ID : SA11AI.272525</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>	
City Edgerton	State WI	Zip Code 53534							
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE								
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p><span style="border: 1px solid black; padding: 2px;">70.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p>						

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 628

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RENATA L. STURTEVANT**

Mailing Address W9695 Lake Drive

City

Edgerton

State

WI

Zip Code

53534

FEC ID number of contributing  
federal political committee.

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2012

Transaction ID : SA11AI.272526

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. RENATA L. STURTEVANT**

Mailing Address W9695 Lake Drive

City

Edgerton

State

WI

Zip Code

53534

FEC ID number of contributing  
federal political committee.

Name of Employer

AFSCME WI CN 24/STATE OF WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : SA11AI.272527

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MICHAEL E. SUKAL**

Mailing Address 526 Clemson Drive

City

Pittsburgh

State

PA

Zip Code

15243

FEC ID number of contributing  
federal political committee.

Name of Employer

AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.270226

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 467 OF 628

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL E. SUKAL</b> Mailing Address 526 Clemson Drive City State Zip Code Pittsburgh PA 15243 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME INT'L DIRECTOR, ORGANIZING & FIELD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1294.87</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 24 2012</span> </div> </div> <b>Transaction ID : SA11AI.270227</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">40.00</span>	
Full Name (Last, First, Middle Initial) <b>B. MICHAEL E. SUKAL</b> Mailing Address 526 Clemson Drive City State Zip Code Pittsburgh PA 15243 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME INT'L DIRECTOR, ORGANIZING & FIELD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1372.68</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 28 2012</span> </div> </div> <b>Transaction ID : SA11AI.270423</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">77.81</span>	
Full Name (Last, First, Middle Initial) <b>C. MARY E. SULLIVAN</b> Mailing Address 143 Washington Avenue City State Zip Code Albany NY 12210 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME NY LOC 1000 EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1275.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 11 2012</span> </div> </div> <b>Transaction ID : SA11AI.273538</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<span style="border: 1px solid black; padding: 2px;">142.81</span>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. MARY E. SULLIVAN</b></p> <p>Mailing Address 143 Washington Avenue</p> <p>City Albany State NY Zip Code 12210</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1300.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.273545</b></p> <p>Amount of Each Receipt this Period  25.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. MARY E. SULLIVAN</b></p> <p>Mailing Address 143 Washington Avenue</p> <p>City Albany State NY Zip Code 12210</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1400.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270593</b></p> <p>Amount of Each Receipt this Period  100.00</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. SARA SUMMERS</b></p> <p>Mailing Address 3418 Weyburn Court</p> <p>City Columbus State OH Zip Code 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation NETWORK SERVICES TECHNICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  235.08</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.271623</b></p> <p>Amount of Each Receipt this Period  13.06</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		138.06
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. SARA SUMMERS</b></p> <p>Mailing Address 3418 Weyburn Court</p> <p>City State Zip Code Columbus OH 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH NETWORK SERVICES TECHNICIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 248.14</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.271981</b></p> <p>Amount of Each Receipt this Period 13.06</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. RICHARD J. SURBER</b></p> <p>Mailing Address 6449 N Seeley Avenue Unit B1</p> <p>City State Zip Code Chicago IL 60645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 474.40</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 01 / 2012 <b>Transaction ID : SA11AI.272867</b></p> <p>Amount of Each Receipt this Period 59.30</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. MICHAEL SVEDA</b></p> <p>Mailing Address 439 Willow Circle</p> <p>City State Zip Code Allentown PA 18102</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 478.77</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270558</b></p> <p>Amount of Each Receipt this Period 58.18</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>130.54</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 470 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. STEPHANIE SWAN</b></p> <p>Mailing Address 11850 S.E. Broyles Court</p> <p>City Clackamas State OR Zip Code 97015</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OR CN 75 Occupation EXECUTIVE ASSISTANT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>281.00</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.273671</b> </p> <p>Amount of Each Receipt this Period  <b>25.00</b> </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. MATTHEW C. SWARTZ</b></p> <p>Mailing Address 11760 Alspach Road</p> <p>City Canal Winchester State OH Zip Code 43110</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/GROVEPORT Occupation CUSTODIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>206.72</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.273645</b> </p> <p>Amount of Each Receipt this Period  <b>10.42</b> </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JOHN F. SWEERS JR.</b></p> <p>Mailing Address 410 W Dean Avenue</p> <p>City Monona State WI Zip Code 53716</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ <b>306.00</b></p>			<p>Date of Receipt  <b>09 / 24 / 2012</b>  <b>Transaction ID : SA11AI.272288</b> </p> <p>Amount of Each Receipt this Period  <b>18.00</b> </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>53.42</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 471 OF 628  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ADAM SWIHART**

Mailing Address 4320 NW Second Avenue

City	State	Zip Code
Des Moines	IA	50313

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

429.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.272554

Amount of Each Receipt this Period

30.82

Full Name (Last, First, Middle Initial)

**B. JAMES R. TACKETT**

Mailing Address 517 S. High Street

City	State	Zip Code
Yellow Springs	OH	45387

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.272396

Amount of Each Receipt this Period

28.85

Full Name (Last, First, Middle Initial)

**C. JAMES R. TACKETT**

Mailing Address 517 S. High Street

City	State	Zip Code
Yellow Springs	OH	45387

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.15

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : SA11AI.272453

Amount of Each Receipt this Period

28.85

SUBTOTAL of Receipts This Page (optional)..... ▶

88.52

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. JEFFREY M. TAGGART</b></p> <p>Mailing Address 12001 Market Street Unit 450</p> <p>City Reston State VA Zip Code 20190</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2062.82</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270228</b></p> <p>Amount of Each Receipt this Period 121.85</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JEFFREY M. TAGGART</b></p> <p>Mailing Address 12001 Market Street Unit 450</p> <p>City Reston State VA Zip Code 20190</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2184.67</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270424</b></p> <p>Amount of Each Receipt this Period 121.85</p>
<p>Full Name (Last, First, Middle Initial) <b>C. JEREMIAH TALLEY</b></p> <p>Mailing Address 6805 Oak Creek Drive</p> <p>City Columbus State OH Zip Code 43229</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272397</b></p> <p>Amount of Each Receipt this Period 10.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		253.70
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. JEREMIAH TALLEY</b></p> <p>Mailing Address 6805 Oak Creek Drive</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Columbus</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43229</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation FIELD REPRESENTATIVE</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">230.00</span></p>			City Columbus	State OH	Zip Code 43229	Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.272454</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10.00</span></p>		
City Columbus	State OH	Zip Code 43229								
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE									
<p>Full Name (Last, First, Middle Initial)  <b>B. MOLLY M. TALLEY</b></p> <p>Mailing Address 4084 Leap Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Hilliard</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43026</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation ACCOUNT CLERK</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">220.00</span></p>			City Hilliard	State OH	Zip Code 43026	Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">11</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.272398</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10.00</span></p>		
City Hilliard	State OH	Zip Code 43026								
Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK									
<p>Full Name (Last, First, Middle Initial)  <b>C. MOLLY M. TALLEY</b></p> <p>Mailing Address 4084 Leap Road</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Hilliard</td> <td style="width: 33%;">State OH</td> <td style="width: 33%;">Zip Code 43026</td> </tr> </table> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Name of Employer AFSCME OH LOC 4</td> <td style="width: 66%;">Occupation ACCOUNT CLERK</td> </tr> </table> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">230.00</span></p>			City Hilliard	State OH	Zip Code 43026	Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">18</span> / <span style="border: 1px solid black; padding: 2px;">2012</span></p> <p><b>Transaction ID : SA11AI.272455</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">10.00</span></p>		
City Hilliard	State OH	Zip Code 43026								
Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK									
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;">30.00</span>							
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<span style="border: 1px solid black; padding: 2px;"></span>							

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TODD TAYLOR**

Mailing Address P.O. Box 9457

City

Cedar Rapids

State

IA

Zip Code

52409-9457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

**Transaction ID : SA11AI.272555**

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**B. MOHAMMED TEHRANI**

Mailing Address 22110 Castleton Court

City

Boyd

State

MD

Zip Code

20841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

**Transaction ID : SA11AI.270229**

Amount of Each Receipt this Period

48.41

Full Name (Last, First, Middle Initial)

**C. MOHAMMED TEHRANI**

Mailing Address 22110 Castleton Court

City

Boyd

State

MD

Zip Code

20841

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

867.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

**Transaction ID : SA11AI.270425**

Amount of Each Receipt this Period

48.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

131.82

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ANDREA K. TESCHLER</b></p> <p>Mailing Address 136 Brookside Drive</p> <p>City Ashland State OH Zip Code 44805</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 261.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.271628</b></p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. ANDREA K. TESCHLER</b></p> <p>Mailing Address 136 Brookside Drive</p> <p>City Ashland State OH Zip Code 44805</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 276.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 21 / 2012  <b>Transaction ID : SA11AI.271986</b></p> <p>Amount of Each Receipt this Period 15.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. DAVID TESTER</b></p> <p>Mailing Address 6955 H New Oxford Road</p> <p>City Harrisburg State PA Zip Code 17112</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation TRANSPORTATION TECHNICIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 599.19</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.270559</b></p> <p>Amount of Each Receipt this Period 67.70</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>97.70</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. COLIN M. THEIS**

Mailing Address 2406 W Farragut Avenue  
#3B

City State Zip Code  
Chicago IL 60625

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272868

Amount of Each Receipt this Period

52.46

Full Name (Last, First, Middle Initial)

**B. DURWOOD L. THOMAS II**

Mailing Address 3469 Woodlawn Avenue

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272484

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. DURWOOD L. THOMAS II**

Mailing Address 3469 Woodlawn Avenue

City State Zip Code  
Grove City OH 43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272514

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

77.46

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Full Name (Last, First, Middle Initial)

A. JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	1	2

Transaction ID : SA11AI.272122

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

B. JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City	State	Zip Code
Lansing	MI	48906

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	2

Transaction ID : SA11AI.272169

Amount of Each Receipt this Period

29.12

Full Name (Last, First, Middle Initial)

C. EUNICE C. THOMPSON

Mailing Address P.O. Box 267

City	State	Zip Code
Malvern	OH	44644

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

ACCOUNT CLERK II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	2

Transaction ID : SA11AI.271990

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

68.24

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. LAWRENCE W. THOMPSON</b></p> <p>Mailing Address 3662 Bridgeport Way W. Apt. D1</p> <p>City State Zip Code University Place WA 98466</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 255.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270970</b></p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. LAWRENCE W. THOMPSON</b></p> <p>Mailing Address 3662 Bridgeport Way W. Apt. D1</p> <p>City State Zip Code University Place WA 98466</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271267</b></p> <p>Amount of Each Receipt this Period 15.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. MARY E. THOMPSON</b></p> <p>Mailing Address 13804 210th Avenue</p> <p>City State Zip Code Milo IA 50166</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 322.56</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272573</b></p> <p>Amount of Each Receipt this Period 35.84</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		65.84
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. PAULETTE E. THOMPSON</b></p> <p>Mailing Address 3902 154th Street E.</p> <p>City State Zip Code Tacoma WA 98446</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 391.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 10 / 2012 <b>Transaction ID : SA11AI.270971</b></p> <p>Amount of Each Receipt this Period 23.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. PAULETTE E. THOMPSON</b></p> <p>Mailing Address 3902 154th Street E.</p> <p>City State Zip Code Tacoma WA 98446</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 414.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271268</b></p> <p>Amount of Each Receipt this Period 23.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. FRANK THORNTON JR.</b></p> <p>Mailing Address 190 W. Ostend Street Suite 101</p> <p>City State Zip Code Baltimore MD 21230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 457.56</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272345</b></p> <p>Amount of Each Receipt this Period 50.84</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>96.84</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. HELEN THORNTON</b></p> <p>Mailing Address 500 N. Elmwood</p> <p>City State Zip Code Oak Park IL 60302</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 461.44</p>		<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272869</b> </p> <p>Amount of Each Receipt this Period 40.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. JOHN THORSON</b></p> <p>Mailing Address 555 Selby Avenue</p> <p>City State Zip Code Saint Paul MN 55102</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 POLITICAL ACTION REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 636.99</p>		<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.272950</b> </p> <p>Amount of Each Receipt this Period 71.14</p>
<p>Full Name (Last, First, Middle Initial) <b>C. GINGER THRASHER</b></p> <p>Mailing Address 13807 Oink Joint Road</p> <p>City State Zip Code Wadena MN 56482</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 65 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 290.00</p>		<p>Date of Receipt  <b>09 / 06 / 2012</b>  <b>Transaction ID : SA11AI.272230</b> </p> <p>Amount of Each Receipt this Period 30.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		141.14
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. PAUL TIDMARSH</b></p> <p>Mailing Address 1676 Larpenteur Avenue E.</p> <p>City State Zip Code St. Paul MN 55109-4608</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 210.00</p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.273203</b> </p> <p>Amount of Each Receipt this Period 30.00</p>
<p>Full Name (Last, First, Middle Initial) <b>B. TAMARA L. TOCHER</b></p> <p>Mailing Address 321 SE 19th Street</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1231.56</p>		<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270230</b> </p> <p>Amount of Each Receipt this Period 70.68</p>
<p>Full Name (Last, First, Middle Initial) <b>C. TAMARA L. TOCHER</b></p> <p>Mailing Address 321 SE 19th Street</p> <p>City State Zip Code Olympia WA 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1302.24</p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270426</b> </p> <p>Amount of Each Receipt this Period 70.68</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		171.36
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

**SCHEDULE A (FEC Form 3X)**  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LEIGH TOMLINSON**

Mailing Address 930 Stag Thicket Lane

City	State	Zip Code
Mason	MI	48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : SA11AI.272124

Amount of Each Receipt this Period

38.26

Full Name (Last, First, Middle Initial)

**B. LEIGH TOMLINSON**

Mailing Address 930 Stag Thicket Lane

City	State	Zip Code
Mason	MI	48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2012

Transaction ID : SA11AI.272171

Amount of Each Receipt this Period

38.26

Full Name (Last, First, Middle Initial)

**C. TOM TOSTI**

Mailing Address 327 Lincoln Avenue

City	State	Zip Code
Bristol	PA	19007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1083.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : SA11AI.270560

Amount of Each Receipt this Period

115.68

**SUBTOTAL** of Receipts This Page (optional)..... ►

192.20

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ALEXANDRA TOWNSEND</b></p> <p>Mailing Address 3412 Knipp Drive Suite 102</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 276.64</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272207</b></p> <p>Amount of Each Receipt this Period 17.29</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ALEXANDRA TOWNSEND</b></p> <p>Mailing Address 3412 Knipp Drive Suite 102</p> <p>City Jefferson City State MO Zip Code 65109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 293.93</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2012 <b>Transaction ID : SA11AI.272215</b></p> <p>Amount of Each Receipt this Period 17.29</p>
<p>Full Name (Last, First, Middle Initial) <b>C. DOROTHY TOWNSEND</b></p> <p>Mailing Address 2418 Central Avenue</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1098.21</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270231</b></p> <p>Amount of Each Receipt this Period 65.48</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		100.06
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. DOROTHY TOWNSEND</b></p> <p>Mailing Address 2418 Central Avenue</p> <p>City State Zip Code Indianapolis IN 46205</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L REGIONAL DIRECTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1163.69</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270427</b></p> <p>Amount of Each Receipt this Period 65.48</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. ROYCE TREADAWAY</b></p> <p>Mailing Address 38 Shipway</p> <p>City State Zip Code Baltimore MD 21222</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MD CN 982 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 455.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272346</b></p> <p>Amount of Each Receipt this Period 45.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. VON TREAS</b></p> <p>Mailing Address 4031 Executive Park Drive</p> <p>City State Zip Code Harrisburg PA 17111</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 645.77</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270561</b></p> <p>Amount of Each Receipt this Period 58.18</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>168.66</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. LISA TROVALLI**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.58

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270562

Amount of Each Receipt this Period

68.26

Full Name (Last, First, Middle Initial)

## **B. ELIZABETH A. TURNBOW**

Mailing Address 4443 Libby Road NE

City State Zip Code  
Olympia WA 98506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270643

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

## **C. DELBERTA J. TURNER**

Mailing Address 4433 Crumley Road SW

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272485

Amount of Each Receipt this Period

12.50

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122.76

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DELBERTA J. TURNER**

Mailing Address 4433 Crumley Road SW

City State Zip Code  
Lancaster OH 43130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.272515

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. JENNIFER D. TURNER**

Mailing Address 1339 S Pickaway Street

City State Zip Code  
Circlevile OH 43113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/FRANKLIN CNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.40

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273647

Amount of Each Receipt this Period

41.68

Full Name (Last, First, Middle Initial)

**C. MICHELLE N. TURNER**

Mailing Address 8707 Township Road 34

City State Zip Code  
Galion OH 44833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/STATE OF OH

Occupation  
CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.271994

Amount of Each Receipt this Period

11.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

65.18

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOHN TWIFORD**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.09

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270563

Amount of Each Receipt this Period

62.56

Full Name (Last, First, Middle Initial)

**B. JAMES ULLMER Jr.**

Mailing Address 6911 58th Avenue N.

City State Zip Code  
Crystal MN 55428-3411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273206

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

**C. TROY A. ULREY**

Mailing Address 308 N. Division

City State Zip Code  
Oblong IL 62449

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

CORRECTIONAL OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.20

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272784

Amount of Each Receipt this Period

29.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

121.96

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOSE URIBE**

Mailing Address 1707 Lindig Street  
Apt. 7

City State Zip Code  
St. Paul MN 55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.64

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270232

Amount of Each Receipt this Period

16.72

Full Name (Last, First, Middle Initial)

**B. JOSE URIBE**

Mailing Address 1707 Lindig Street  
Apt. 7

City State Zip Code  
St. Paul MN 55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.36

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270428

Amount of Each Receipt this Period

16.72

Full Name (Last, First, Middle Initial)

**C. BARBARA S. UWEEKOOLANI**

Mailing Address 888 Mililani Street  
Suite 601

City State Zip Code  
Honolulu HI 96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272635

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

53.44

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KRISelda VALDERRAMA-LOBO</b> Full Name (Last, First, Middle Initial) Mailing Address 9303 Shady Tree Court City Fort Washington State MD Zip Code 20744 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation STRATEGIC COMMUNICATIONS SPECIALIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>380.18</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270233</b> Amount of Each Receipt this Period <b>31.92</b>
<b>B. KRISelda VALDERRAMA-LOBO</b> Full Name (Last, First, Middle Initial) Mailing Address 9303 Shady Tree Court City Fort Washington State MD Zip Code 20744 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer AFSCME INT'L Occupation STRATEGIC COMMUNICATIONS SPECIALIS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <b>412.71</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270429</b> Amount of Each Receipt this Period <b>32.53</b>
<b>C. KAREN VALENTINE</b> Full Name (Last, First, Middle Initial) Mailing Address 702 Ponderosa Road City Magnolia State DE Zip Code 19962 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ <b>591.17</b>			Date of Receipt M M / D D / Y Y Y Y Y 09 / 12 / 2012 <b>Transaction ID : SA11AI.272198</b> Amount of Each Receipt this Period <b>65.34</b>
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<b>129.79</b>
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ROBERT M. VALENTINE</b></p> <p>Mailing Address 1226 W Main Street</p> <p>City Ashland State OH Zip Code 44805</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation BRIDGE SPECIALIST II</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 209.00</p>			<p>Date of Receipt  <b>09 / 21 / 2012</b>  <b>Transaction ID : SA11AI.271996</b> </p> <p>Amount of Each Receipt this Period            11.00         </p>		
<p>Full Name (Last, First, Middle Initial) <b>B. OSVALDO VALENZUELA</b></p> <p>Mailing Address 6962 N. Hamilton Avenue #E</p> <p>City Chicago State IL Zip Code 60645</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 541.92</p>			<p>Date of Receipt  <b>09 / 01 / 2012</b>  <b>Transaction ID : SA11AI.272870</b> </p> <p>Amount of Each Receipt this Period            67.74         </p>		
<p>Full Name (Last, First, Middle Initial) <b>C. DONALD L. VAUGHAN</b></p> <p>Mailing Address 7614 187th Avenue SW</p> <p>City Rochester State WA Zip Code 98579</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation WORKERS COMPENSATION TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 370.00</p>			<p>Date of Receipt  <b>09 / 10 / 2012</b>  <b>Transaction ID : SA11AI.270977</b> </p> <p>Amount of Each Receipt this Period            20.00         </p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			98.74		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. DONALD L. VAUGHAN</b></p> <p>Mailing Address 7614 187th Avenue SW</p> <p>City State Zip Code Rochester WA 98579</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28 WORKERS COMPENSATION TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 390.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.271275</b></p> <p>Amount of Each Receipt this Period 20.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. STEPHEN T. VELDHEER</b></p> <p>Mailing Address 21733 Homer Street</p> <p>City State Zip Code Dearborn MI 48124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZING COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 526.84</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.270234</b></p> <p>Amount of Each Receipt this Period 30.74</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. STEPHEN T. VELDHEER</b></p> <p>Mailing Address 21733 Homer Street</p> <p>City State Zip Code Dearborn MI 48124</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ORGANIZING COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 557.58</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270430</b></p> <p>Amount of Each Receipt this Period 30.74</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>81.48</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ALDO E. VENNETTILLI</b></p> <p>Mailing Address 1087 Country Coach Drive</p> <p>City Henderson State NV Zip Code 89002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1580.50</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270235</b></p> <p>Amount of Each Receipt this Period  90.06</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. ALDO E. VENNETTILLI</b></p> <p>Mailing Address 1087 Country Coach Drive</p> <p>City Henderson State NV Zip Code 89002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  1670.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270431</b></p> <p>Amount of Each Receipt this Period  90.06</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. ANTHONY VERNELL</b></p> <p>Mailing Address 14 Meadow Lane</p> <p>City Athens State OH Zip Code 45701</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  580.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.272399</b></p> <p>Amount of Each Receipt this Period  30.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			210.12	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. ANTHONY VERNELL</b></p> <p>Mailing Address 14 Meadow Lane</p> <p>City State Zip Code          Athens OH 45701</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 4 REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          610.00</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 18 / 2012  <b>Transaction ID : SA11AI.272456</b></p> <p>Amount of Each Receipt this Period          30.00</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. CATHERINE A. VICTOR</b></p> <p>Mailing Address 36394 Lakeshore Blvd.</p> <p>City State Zip Code          East Lake OH 44095</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 4/WILLOUGHBY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          394.28</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 11 / 2012  <b>Transaction ID : SA11AI.273648</b></p> <p>Amount of Each Receipt this Period          20.84</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. SUSAN VOGEL</b></p> <p>Mailing Address 4320 NW Second Avenue</p> <p>City State Zip Code          Des Moines IA 50313</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          237.12</p>			<p>Date of Receipt          M M / D D / Y Y Y Y Y          09 / 11 / 2012  <b>Transaction ID : SA11AI.273337</b></p> <p>Amount of Each Receipt this Period          14.82</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			65.66		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. SUSAN VOGEL**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/STATE OF IA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.94

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.273470

Amount of Each Receipt this Period

14.82

Full Name (Last, First, Middle Initial)

## **B. LOUIS VOLPI JR.**

Mailing Address 195 Forest Blvd.  
#A

City State Zip Code  
Park Forest IL 60466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31/STATE OF IL

Occupation  
MENTAL HEALTH TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272786

Amount of Each Receipt this Period

63.00

Full Name (Last, First, Middle Initial)

## **C. ARTHUR E. WAKE III**

Mailing Address 1203 NE 135th Street

City State Zip Code  
Seattle WA 98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/UNIV OF WA

Occupation  
PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.270656

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

127.82

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ARTHUR E. WAKE III</b></p> <p>Mailing Address 1203 NE 135th Street</p> <p>City State Zip Code Seattle WA 98125</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME WA CN 28/UNIV OF WA PAINTER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 25 / 2012 <b>Transaction ID : SA11AI.270667</b></p> <p>Amount of Each Receipt this Period 50.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. MARGARET WALCOTT</b></p> <p>Mailing Address 200 Martin Luther King Jr. Blvd.</p> <p>City State Zip Code Columbus OH 43203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 475.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2012 <b>Transaction ID : SA11AI.272486</b></p> <p>Amount of Each Receipt this Period 25.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. MARGARET WALCOTT</b></p> <p>Mailing Address 200 Martin Luther King Jr. Blvd.</p> <p>City State Zip Code Columbus OH 43203</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272516</b></p> <p>Amount of Each Receipt this Period 25.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>100.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FLORA M. WALKER**

Mailing Address 2492 Ram Crossingway

City State Zip Code  
Henderson NV 89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2480.47

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270236

Amount of Each Receipt this Period

145.91

Full Name (Last, First, Middle Initial)

**B. FLORA M. WALKER**

Mailing Address 2492 Ram Crossingway

City State Zip Code  
Henderson NV 89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2626.38

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270432

Amount of Each Receipt this Period

145.91

Full Name (Last, First, Middle Initial)

**C. KATHLEEN M. WALPOLE**

Mailing Address 139 East Cayuga Street

City State Zip Code  
Oswego NY 13126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

09 / 12 / 2012

Transaction ID : SA11AI.273491

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

311.06

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KATHLEEN M. WALPOLE</b></p> <p>Mailing Address 139 East Cayuga Street</p> <p>City State Zip Code  Oswego NY 13126</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME NY LOC 1000 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  365.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 26 / 2012  <b>Transaction ID : SA11AI.273505</b></p> <p>Amount of Each Receipt this Period  19.24</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. THOMAS P. WALSH</b></p> <p>Mailing Address 7162 Brian Way</p> <p>City State Zip Code  Centerville MN 55038</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  210.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.273209</b></p> <p>Amount of Each Receipt this Period  30.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. MARION E J. WARE</b></p> <p>Mailing Address 4156 Berrybush Drive</p> <p>City State Zip Code  Columbus OH 43230</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  237.50</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 04 / 2012  <b>Transaction ID : SA11AI.272487</b></p> <p>Amount of Each Receipt this Period  12.50</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>61.74</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARION E J. WARE**

Mailing Address 4156 Berrybush Drive

City State Zip Code  
Columbus OH 43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/COLUMBUS CITY

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272517

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**B. DAVID WARRICK**

Mailing Address 2638 Jay Court

City State Zip Code  
Indianapolis IN 46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IN CN 62

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1230.00

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270596

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

**C. ANDRE' J. WASHINGTON**

Mailing Address 45 Knollwood Drive

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation  
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.272400

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

101.74

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ANDRE' J. WASHINGTON</b></p> <p>Mailing Address 45 Knollwood Drive</p> <p>City State Zip Code Perrysburg OH 43551</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 FIELD REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 365.56</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272457</b></p> <p>Amount of Each Receipt this Period 19.24</p>
<p>Full Name (Last, First, Middle Initial) <b>B. ALTON WATANABE</b></p> <p>Mailing Address 836 Paloma Street</p> <p>City State Zip Code Wailuku HI 96793</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272636</b></p> <p>Amount of Each Receipt this Period 25.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. SUSAN M. WATANABE</b></p> <p>Mailing Address 888 Mililani Street Suite 601</p> <p>City State Zip Code Honolulu HI 96813-2991</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 207.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272637</b></p> <p>Amount of Each Receipt this Period 23.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		67.24
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KEVIN J. WATSON</b></p> <p>Mailing Address 1771 225th Place</p> <p>City State Zip Code          Sauk Village IL 60411</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME IL CN 31 STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          440.48</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 01 / 2012  <b>Transaction ID : SA11AI.272871</b></p> <p>Amount of Each Receipt this Period          55.06</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. WENDY G. WATSON</b></p> <p>Mailing Address 1800 Audrey Road</p> <p>City State Zip Code          Columbus OH 43224</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          296.97</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 04 / 2012  <b>Transaction ID : SA11AI.272488</b></p> <p>Amount of Each Receipt this Period          15.63</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. WENDY G. WATSON</b></p> <p>Mailing Address 1800 Audrey Road</p> <p>City State Zip Code          Columbus OH 43224</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation          AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼          312.60</p>		<p>Date of Receipt          M M / D D / Y Y Y Y Y Y          09 / 14 / 2012  <b>Transaction ID : SA11AI.272518</b></p> <p>Amount of Each Receipt this Period          15.63</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		86.32
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JO ANN WAUGH**

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.09

Date of Receipt

09 / 11 / 2012

Transaction ID : SA11AI.270564

Amount of Each Receipt this Period

62.56

Full Name (Last, First, Middle Initial)

**B. LONITA M. WAYBRIGHT**

Mailing Address 3929 Whitmarsh Lane

City State Zip Code  
Edgewater MD 21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.85

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270239

Amount of Each Receipt this Period

85.41

Full Name (Last, First, Middle Initial)

**C. LONITA M. WAYBRIGHT**

Mailing Address 3929 Whitmarsh Lane

City State Zip Code  
Edgewater MD 21037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1528.26

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270434

Amount of Each Receipt this Period

85.41

**SUBTOTAL** of Receipts This Page (optional)..... ►

233.38

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KATHLEEN WEATHERFORD</b></p> <p>Mailing Address 408 West Beacon Court</p> <p>City State Zip Code  Mt Vernon IL 62864</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME IL CN 31/STATE OF IL CHILD WELFARE TECH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  323.68</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272789</b></p> <p>Amount of Each Receipt this Period  57.12</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. BRENDA S. WEAVER</b></p> <p>Mailing Address 114 West Drive</p> <p>City State Zip Code  Gallipolis OH 45631</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 4/GALLIPOLIS CITY SECRETARY</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  386.32</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.273650</b></p> <p>Amount of Each Receipt this Period  19.24</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. DEBORAH L. WEAVER</b></p> <p>Mailing Address 15318 Judson Drive</p> <p>City State Zip Code  Cleveland OH 44128</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  300.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 07 / 2012  <b>Transaction ID : SA11AI.271646</b></p> <p>Amount of Each Receipt this Period  10.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>86.36</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. DEBORAH L. WEAVER</b> Full Name (Last, First, Middle Initial) Mailing Address 15318 Judson Drive City Cleveland State OH Zip Code 44128 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 310.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 21 / 2012 <b>Transaction ID : SA11AI.272004</b> Amount of Each Receipt this Period 10.00
<b>B. JANA WEAVER</b> Full Name (Last, First, Middle Initial) Mailing Address 451 London Road City Deerfield State WI Zip Code 53531 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 24 Occupation ASSISTANT DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 873.48			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.272241</b> Amount of Each Receipt this Period 73.68
<b>C. KENNETH E. WEAVER</b> Full Name (Last, First, Middle Initial) Mailing Address 451 London Road City Deerfield State WI Zip Code 53531 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.272292</b> Amount of Each Receipt this Period 25.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			108.68
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

**SCHEDULE A (FEC Form 3X)**  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. KENNETH E. WEAVER</b> Full Name (Last, First, Middle Initial) Mailing Address 451 London Road City State Zip Code Deerfield WI 53531 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">475.00</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 21 2012</span> </div> </div> <b>Transaction ID : SA11AI.272293</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">25.00</span>	
<b>B. BRENDA WEBB</b> Full Name (Last, First, Middle Initial) Mailing Address 4031 Executive Park Drive City State Zip Code Harrisburg PA 17111 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> 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 ▼ <span style="border: 1px solid black; padding: 2px;">292.02</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 11 2012</span> </div> </div> <b>Transaction ID : SA11AI.270565</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">33.88</span>	
<b>C. JOANNA L. WEBB-GAUVIN</b> Full Name (Last, First, Middle Initial) Mailing Address 1200 W. Lawrence #12 City State Zip Code Springfield IL 62704 FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span> Name of Employer Occupation AFSCME IL CN 31 RETIREE PROGRAMS DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">586.72</span>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 01 2012</span> </div> </div> <b>Transaction ID : SA11AI.272872</b> Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">73.34</span>	
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			<span style="border: 1px solid black; padding: 2px;">132.22</span>	
<b>TOTAL</b> This Period (last page this line number only)..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>	



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. BRIAN V. WEEKS</b></p> <p>Mailing Address 1522 A Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation DIRECTOR, POLITICAL ACTION</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>897.07</b></p>			<p>Date of Receipt  <b>09 / 14 / 2012</b>  <b>Transaction ID : SA11AI.270240</b></p> <p>Amount of Each Receipt this Period  <b>63.73</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. BRIAN V. WEEKS</b></p> <p>Mailing Address 1522 A Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation DIRECTOR, POLITICAL ACTION</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>960.80</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.270435</b></p> <p>Amount of Each Receipt this Period  <b>63.73</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. CINDY L. WEIBLE</b></p> <p>Mailing Address 5849 Rambo Lane</p> <p>City Toledo State OH Zip Code 43623</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>450.32</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.273651</b></p> <p>Amount of Each Receipt this Period  <b>19.24</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>146.70</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p></p>	

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JESSICA WEINSTEIN**

Mailing Address 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

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.81

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270241

Amount of Each Receipt this Period

151.93

Full Name (Last, First, Middle Initial)

**B. 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

AFSCME INT'L

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2852.74

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270436

Amount of Each Receipt this Period

151.93

Full Name (Last, First, Middle Initial)

**C. LINDA K. WELCH**

Mailing Address 1446 E. Gates Street

City State Zip Code  
Columbus OH 43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CRIMINAL JUSTICE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271648

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

318.86

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. LINDA K. WELCH

Mailing Address 1446 E. Gates Street

City State Zip Code  
 Columbus OH 43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CRIMINAL JUSTICE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 21 / 2012

Transaction ID : SA11AI.272006

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. JANELL WELKER

Mailing Address 14720 SE Wanda Drive

City State Zip Code  
 Milwaukie OR 97267

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 28 / 2012

Transaction ID : SA11AI.273673

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER RYAN WELLES

Mailing Address 300 Hardman Avenue South

City State Zip Code  
 South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

451.32

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 14 / 2012

Transaction ID : SA11AI.272951

Amount of Each Receipt this Period

51.70

SUBTOTAL of Receipts This Page (optional)..... ►

96.70

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. KELLY WELLS</b></p> <p>Mailing Address 4650 Beard Road</p> <p>City State Zip Code Sunbury OH 43074</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 ACCOUNT CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 220.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272401</b></p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. KELLY WELLS</b></p> <p>Mailing Address 4650 Beard Road</p> <p>City State Zip Code Sunbury OH 43074</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 ACCOUNT CLERK</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272458</b></p> <p>Amount of Each Receipt this Period 10.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. ROSETTA WELLS</b></p> <p>Mailing Address 5065 Hannan Trace Road</p> <p>City State Zip Code Patriot OH 45658</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 07 / 2012 <b>Transaction ID : SA11AI.271649</b></p> <p>Amount of Each Receipt this Period 21.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>41.00</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. ROSETTA WELLS**

Mailing Address 5065 Hannan Trace Road

City State Zip Code  
Patriot OH 45658

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

THERAPUTIC PROGRAM TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.272007

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

## **B. CHERYL L. WEST**

Mailing Address 124 Elma McCleary Road  
Trailer 7

City State Zip Code  
Elma WA 98541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 10 / 2012

Transaction ID : SA11AI.270981

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

## **C. CHERYL L. WEST**

Mailing Address 124 Elma McCleary Road  
Trailer 7

City State Zip Code  
Elma WA 98541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 25 / 2012

Transaction ID : SA11AI.271279

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

46.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. JOHN P. WESTMORELAND</b></p> <p>Mailing Address 4678 West Road</p> <p>City State Zip Code Moose Lake MN 55767</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/CN14 BUSINESS AGENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 650.52</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2012 <b>Transaction ID : SA11AI.272952</b></p> <p>Amount of Each Receipt this Period 72.28</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. JAMES R. WESTON</b></p> <p>Mailing Address 1495 Irvin-Shoots Road</p> <p>City State Zip Code Morral OH 43337</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 940.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.272402</b></p> <p>Amount of Each Receipt this Period 50.00</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. JAMES R. WESTON</b></p> <p>Mailing Address 1495 Irvin-Shoots Road</p> <p>City State Zip Code Morral OH 43337</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4 DIRECTOR, POLITICAL ACTION</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 990.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 18 / 2012 <b>Transaction ID : SA11AI.272459</b></p> <p>Amount of Each Receipt this Period 50.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>172.28</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. LACHEZ WHITE**

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272347

Amount of Each Receipt this Period

30.84

Full Name (Last, First, Middle Initial)

## **B. ROBIN WHITE**

Mailing Address 4320 NW Second Avenue

City State Zip Code  
Des Moines IA 50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.272556

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. TAMARA V. WHITE**

Mailing Address 3355 Alden Place NE

City State Zip Code  
Washington DC 20019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.38

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270437

Amount of Each Receipt this Period

67.52

**SUBTOTAL** of Receipts This Page (optional)..... ►

128.36

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>A. DIANE WHITE-HARRIS</b> Full Name (Last, First, Middle Initial) Mailing Address 1142 Wolf Run Drive City Lansing State MI Zip Code 48917 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.99			Date of Receipt M M / D D / Y Y Y Y Y 09 / 06 / 2012 <b>Transaction ID : SA11AI.272125</b> Amount of Each Receipt this Period 29.47
<b>B. DIANE WHITE-HARRIS</b> Full Name (Last, First, Middle Initial) Mailing Address 1142 Wolf Run Drive City Lansing State MI Zip Code 48917 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 530.46			Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2012 <b>Transaction ID : SA11AI.272172</b> Amount of Each Receipt this Period 29.47
<b>C. DIANA R. WHITMORE</b> Full Name (Last, First, Middle Initial) Mailing Address 730 14th Avenue SE City Olympia State WA Zip Code 98501 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation ADMINISTRATIVE ASSISTANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 378.00			Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.270645</b> Amount of Each Receipt this Period 42.00
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			100.94
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BRYCE WICKSTROM**

Mailing Address 1267 Matilda Street

City

St. Paul

State

MN

Zip Code

55117-4473

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME MN CN 5/STATE OF MN

Occupation

RECORDING SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.273212

Amount of Each Receipt this Period

165.00

Full Name (Last, First, Middle Initial)

**B. GUY WIEDERHOLD**

Mailing Address 906 Laurel Boulevard

City

Pottsville

State

PA

Zip Code

17901-2324

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 ▼

658.44

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.270566

Amount of Each Receipt this Period

73.16

Full Name (Last, First, Middle Initial)

**C. JODY R. WILCOXON**

Mailing Address 175 Pleasant Hill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/GALLIPOLIS CITY

Occupation

COOK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 11 / 2012

Transaction ID : SA11AI.273652

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

257.40

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOANN WILK**

Mailing Address 305 W. Grace Street

City	State	Zip Code
Old Forge	PA	18518

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME PA CN 13/STATE OF PA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : SA11AI.273028

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**B. ROBERT L. WILKES**

Mailing Address 1015 E. 26th Avenue

City	State	Zip Code
Columbus	OH	43211

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

Transaction ID : SA11AI.272489

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. ROBERT L. WILKES**

Mailing Address 1015 E. 26th Avenue

City	State	Zip Code
Columbus	OH	43211

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2012

Transaction ID : SA11AI.272519

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

70.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. WILLIAM WILKINSON</b></p> <p>Mailing Address 5272 Bradgen Court</p> <p>City Springfield State VA Zip Code 22151</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  892.50</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 14 / 2012  <b>Transaction ID : SA11AI.270242</b></p> <p>Amount of Each Receipt this Period  52.50</p>
<p>Full Name (Last, First, Middle Initial)  <b>B. WILLIAM WILKINSON</b></p> <p>Mailing Address 5272 Bradgen Court</p> <p>City Springfield State VA Zip Code 22151</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  945.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 28 / 2012  <b>Transaction ID : SA11AI.270438</b></p> <p>Amount of Each Receipt this Period  52.50</p>
<p>Full Name (Last, First, Middle Initial)  <b>C. CARLA WILLIAMS</b></p> <p>Mailing Address 2338 N Spaulding Apt. 2A</p> <p>City Chicago State IL Zip Code 60647</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  541.92</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272873</b></p> <p>Amount of Each Receipt this Period  67.74</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		172.74
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DONNIE R. WILLIAMS**

Mailing Address 10 S 140 Suffield Drive

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31/STATE OF IL

Occupation

PUBLIC SERVICE ADMIN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

515.52

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272795

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

**B. JOSLYN WILLIAMS**

Mailing Address 1311 Delaware Avenue, SW  
#632

City

Washington

State

DC

Zip Code

20024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME

Occupation

Delegate

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2012

Transaction ID : SA11AI.273585

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. PHILLIP S. WILLIAMS Sr.**

Mailing Address 31 E. Bellamy Drive

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

591.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2012

Transaction ID : SA11AI.272199

Amount of Each Receipt this Period

65.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

455.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SAUNDRA WILLIAMS**

Mailing Address 3264 Oxford W

City State Zip Code  
Auburn Hills MI 48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272126

Amount of Each Receipt this Period

41.25

Full Name (Last, First, Middle Initial)

**B. SAUNDRA WILLIAMS**

Mailing Address 3264 Oxford W

City State Zip Code  
Auburn Hills MI 48326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272173

Amount of Each Receipt this Period

41.25

Full Name (Last, First, Middle Initial)

**C. STEVEN WILLIAMS**

Mailing Address 18241 Icicle Road

City State Zip Code  
Sparta WI 54656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WI CN 24

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.16

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.272243

Amount of Each Receipt this Period

53.56

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

136.06

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CHARLES H. WILLIAMSON**

Mailing Address 162 South Street

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2012

Transaction ID : SA11AI.271660

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. CHARLES H. WILLIAMSON**

Mailing Address 162 South Street

City

Minford

State

OH

Zip Code

45653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11/STATE OF OH

Occupation

CORRECTION OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2012

Transaction ID : SA11AI.272018

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MICHAEL WILMORE**

Mailing Address 608 Hessel Boulevard

City

Champaign

State

IL

Zip Code

61820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 01 / 2012

Transaction ID : SA11AI.272890

Amount of Each Receipt this Period

8.40

**SUBTOTAL** of Receipts This Page (optional)..... ►

58.40

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

A. SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City State Zip Code  
 Lacey WA 98503

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270988

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

B. SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City State Zip Code  
 Lacey WA 98503

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 25 / 2012

Transaction ID : SA11AI.271286

Amount of Each Receipt this Period

18.50

Full Name (Last, First, Middle Initial)

C. TRACY WILSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
 Olympia WA 98501

FEC ID number of contributing federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 09 / 10 / 2012

Transaction ID : SA11AI.270989

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)..... ►

52.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. TRACY WILSON**

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271287

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

## **B. BRUCE H. WITHAM**

Mailing Address 1329 S. 96th Street

City Tacoma State WA Zip Code 98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

09 / 10 / 2012

Transaction ID : SA11AI.270991

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

## **C. BRUCE H. WITHAM**

Mailing Address 1329 S. 96th Street

City Tacoma State WA Zip Code 98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/STATE OF WA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271289

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. KRISTIE WOLF-MALONEY</b></p> <p>Mailing Address 4923C Haverford Road</p> <p>City Harrisburg State PA Zip Code 17109</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>819.36</b></p>			<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270567</b></p> <p>Amount of Each Receipt this Period  <b>91.74</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. TIMOTHY J. WOLFE</b></p> <p>Mailing Address 57 E. Main Street  P.O. Box 30</p> <p>City Newville State PA Zip Code 17241</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>760.00</b></p>			<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.273030</b></p> <p>Amount of Each Receipt this Period  <b>120.00</b></p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. DIANNE J. WOMACK</b></p> <p>Mailing Address 1310 S. Central Road</p> <p>City Medical Lake State WA Zip Code 99022</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>476.00</b></p>			<p>Date of Receipt  <b>09 / 10 / 2012</b>  <b>Transaction ID : SA11AI.270992</b></p> <p>Amount of Each Receipt this Period  <b>28.00</b></p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>239.74</b></p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DIANNE J. WOMACK**

Mailing Address 1310 S. Central Road

City

Medical Lake

State

WA

Zip Code

99022

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME WA CN 28/STATE OF WA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

504.00

Date of Receipt

09 / 25 / 2012

Transaction ID : SA11AI.271290

Amount of Each Receipt this Period

28.00

Full Name (Last, First, Middle Initial)

**B. WILLIAM O. WOMACK**

Mailing Address 3227 Genevieve Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

277.50

Date of Receipt

09 / 04 / 2012

Transaction ID : SA11AI.272490

Amount of Each Receipt this Period

12.50

Full Name (Last, First, Middle Initial)

**C. WILLIAM O. WOMACK**

Mailing Address 3227 Genevieve Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

CUSTODIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.272520

Amount of Each Receipt this Period

12.50

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

53.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ARTHUR WOOD**

Mailing Address 31062 Birchwood

City State Zip Code  
Westland MI 48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.51

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 06 / 2012

Transaction ID : SA11AI.272127

Amount of Each Receipt this Period

32.03

Full Name (Last, First, Middle Initial)

**B. ARTHUR WOOD**

Mailing Address 31062 Birchwood

City State Zip Code  
Westland MI 48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.54

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 17 / 2012

Transaction ID : SA11AI.272174

Amount of Each Receipt this Period

32.03

Full Name (Last, First, Middle Initial)

**C. PHELTON WOODS**

Mailing Address 5435 York Lane S.

City State Zip Code  
Columbus OH 43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/COLUMBUS CITY

Occupation

LAB TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

Transaction ID : SA11AI.272491

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

89.06

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 OF 628  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. PHELTON WOODS</b></p> <p>Mailing Address 5435 York Lane S.</p> <p>City Columbus State OH Zip Code 43232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation LAB TECH</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>			<p>Date of Receipt</p> <p><b>09 / 14 / 2012</b></p> <p><b>Transaction ID : SA11AI.272521</b></p> <p>Amount of Each Receipt this Period 25.00</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. A DUFF WOODSIDE</b></p> <p>Mailing Address 5051 Sandman Drive Apt. 86</p> <p>City Taylor Mill State KY Zip Code 41015</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 313.60</p>			<p>Date of Receipt</p> <p><b>09 / 07 / 2012</b></p> <p><b>Transaction ID : SA11AI.271665</b></p> <p>Amount of Each Receipt this Period 23.36</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. A DUFF WOODSIDE</b></p> <p>Mailing Address 5051 Sandman Drive Apt. 86</p> <p>City Taylor Mill State KY Zip Code 41015</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 336.96</p>			<p>Date of Receipt</p> <p><b>09 / 21 / 2012</b></p> <p><b>Transaction ID : SA11AI.272023</b></p> <p>Amount of Each Receipt this Period 23.36</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>71.72</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. DOUGLAS N. WOODSON</b></p> <p>Mailing Address 108 Elgin Apt. 1</p> <p>City Forest Park State IL Zip Code 60130</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME IL CN 31 Occupation ORGANIZER</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 575.20</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 01 / 2012  <b>Transaction ID : SA11AI.272874</b></p> <p>Amount of Each Receipt this Period  71.90</p>
<p>Full Name (Last, First, Middle Initial) <b>B. PAMELA WOOLUM</b></p> <p>Mailing Address 2068 Entrada Drive</p> <p>City Beaver Creek State OH Zip Code 45431</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 270.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 11 / 2012  <b>Transaction ID : SA11AI.272404</b></p> <p>Amount of Each Receipt this Period  10.00</p>
<p>Full Name (Last, First, Middle Initial) <b>C. PAMELA WOOLUM</b></p> <p>Mailing Address 2068 Entrada Drive</p> <p>City Beaver Creek State OH Zip Code 45431</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>		<p>Date of Receipt  M M / D D / Y Y Y Y Y  09 / 18 / 2012  <b>Transaction ID : SA11AI.272461</b></p> <p>Amount of Each Receipt this Period  10.00</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p>91.90</p>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PETER WRIGHT**

Mailing Address 28 Washington Street

City

Marblehead

State

MA

Zip Code

01945-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MA CN 93

Occupation

DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.26

Date of Receipt

09 / 07 / 2012

Transaction ID : SA11AI.272192

Amount of Each Receipt this Period

74.14

Full Name (Last, First, Middle Initial)

**B. SHERRY L. WRIGHT**

Mailing Address 1229 Jasmine Drive

City

Madison

State

WI

Zip Code

53719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.46

Date of Receipt

09 / 14 / 2012

Transaction ID : SA11AI.270244

Amount of Each Receipt this Period

41.38

Full Name (Last, First, Middle Initial)

**C. SHERRY L. WRIGHT**

Mailing Address 1229 Jasmine Drive

City

Madison

State

WI

Zip Code

53719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ORGANIZING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.84

Date of Receipt

09 / 28 / 2012

Transaction ID : SA11AI.270440

Amount of Each Receipt this Period

41.38

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**TOTAL** This Period (last page this line number only)..... ►

156.90

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. ANNETTE WUERTZ</b></p> <p>Mailing Address 364 Jessamine Avenue E.</p> <p>City State Zip Code St. Paul MN 55130-3732</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 231.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.273215</b></p> <p>Amount of Each Receipt this Period 33.00</p>	
<p>Full Name (Last, First, Middle Initial) <b>B. STELLA WYMER</b></p> <p>Mailing Address 7130 Yawberg Road</p> <p>City State Zip Code Whitehouse OH 43571</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME OH LOC 4/SYLVANIA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 386.32</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2012 <b>Transaction ID : SA11AI.273654</b></p> <p>Amount of Each Receipt this Period 19.24</p>	
<p>Full Name (Last, First, Middle Initial) <b>C. JEANETTE WYNN</b></p> <p>Mailing Address 3064 Highland Oak Terrace</p> <p>City State Zip Code Tallahassee FL 32301</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME FL CN 79 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 746.48</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 09 / 28 / 2012 <b>Transaction ID : SA11AI.270597</b></p> <p>Amount of Each Receipt this Period 14.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>66.24</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>				

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. WAYNE J. YAMASAKI</b></p> <p>Mailing Address 1185 Kaeleku Street</p> <p>City State Zip Code Honolulu HI 96825-3007</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>450.00</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 17 / 2012</b></p> <p><b>Transaction ID : SA11AI.272640</b></p> <p>Amount of Each Receipt this Period <b>50.00</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>B. SARAH ZARUBA</b></p> <p>Mailing Address 500 E. 17 Street S. #8</p> <p>City State Zip Code Newton IA 50208</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>307.68</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 11 / 2012</b></p> <p><b>Transaction ID : SA11AI.273343</b></p> <p>Amount of Each Receipt this Period <b>19.23</b></p>		
<p>Full Name (Last, First, Middle Initial) <b>C. SARAH ZARUBA</b></p> <p>Mailing Address 500 E. 17 Street S. #8</p> <p>City State Zip Code Newton IA 50208</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>326.91</b></p>			<p>Date of Receipt M M / D D / Y Y Y Y Y <b>09 / 21 / 2012</b></p> <p><b>Transaction ID : SA11AI.273479</b></p> <p>Amount of Each Receipt this Period <b>19.23</b></p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p><b>88.46</b></p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					



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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DON ZAVODNY**

Mailing Address 9801 West O Street

City  
Lincoln

State Zip Code  
NE 68528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.42

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2012

Transaction ID : SA11AI.270245

Amount of Each Receipt this Period

46.26

Full Name (Last, First, Middle Initial)

**B. DON ZAVODNY**

Mailing Address 9801 West O Street

City  
Lincoln

State Zip Code  
NE 68528

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

832.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA11AI.270441

Amount of Each Receipt this Period

46.26

Full Name (Last, First, Middle Initial)

**C. THOMAS ZEBAR**

Mailing Address 390 Worthington Road

City  
Westerville

State Zip Code  
OH 43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2012

Transaction ID : SA11AI.272080

Amount of Each Receipt this Period

62.04

**SUBTOTAL** of Receipts This Page (optional)..... ►

154.56

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial)  <b>A. FAYE M. ZEPEDA</b></p> <p>Mailing Address 1131 Fabry Road SE</p> <p>City Salem State OR Zip Code 97306</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>225.00</b></p>		<p>Date of Receipt  <b>09 / 28 / 2012</b>  <b>Transaction ID : SA11AI.273676</b></p> <p>Amount of Each Receipt this Period  <b>25.00</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>B. JANE ZIMMER</b></p> <p>Mailing Address 1212 Jefferson Street SE</p> <p>City Olympia State WA Zip Code 98501</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>210.00</b></p>		<p>Date of Receipt  <b>09 / 25 / 2012</b>  <b>Transaction ID : SA11AI.271296</b></p> <p>Amount of Each Receipt this Period  <b>12.00</b></p>
<p>Full Name (Last, First, Middle Initial)  <b>C. MATTHEW D. ZUVICH</b></p> <p>Mailing Address 720 Mox-Chehalis Road</p> <p>City McCleary State WA Zip Code 98557</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME WA CN 28 Occupation LOBBYIST</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>252.00</b></p>		<p>Date of Receipt  <b>09 / 11 / 2012</b>  <b>Transaction ID : SA11AI.270646</b></p> <p>Amount of Each Receipt this Period  <b>25.00</b></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		<p><b>62.00</b></p>

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p><b>A. MATTHEW D. ZUVICH</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 720 Mox-Chehalis Road</p> <p>City McCleary State WA Zip Code 98557</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer AFSCME WA CN 28 Occupation LOBBYIST</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">257.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 18 / 2012</span></p> <p>Transaction ID : SA11AI.270702</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">5.00</span></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;"></span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;"></span></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;"></span></p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>	
<p><span style="border: 1px solid black; padding: 2px;">5.00</span></p> <p><span style="border: 1px solid black; padding: 2px;">63704.44</span></p>	

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. BOTTLING GROUP, LLC**

Mailing Address 650 Colonial Drive

City State Zip Code  
Abilene TX 79603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.50

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 25 / 2012

**Transaction ID : SA12.273734**

Amount of Each Receipt this Period

10.50

Erroneous deposit from a non-fed political committee

Full Name (Last, First, Middle Initial)

## **B. DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)**

Mailing Address 125 Barclay Street

City State Zip Code  
New York NY 10007

FEC ID number of contributing  
federal political committee.

C C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482306.33

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 21 / 2012

**Transaction ID : SA12.273677**

Amount of Each Receipt this Period

52200.39

Transfer

Full Name (Last, First, Middle Initial)

## **C. LOCAL 420 AFSCME AFL-CIO**

Mailing Address 125 Barclay Street

City State Zip Code  
New York NY 10007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

61.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 04 / 2012

**Transaction ID : SA12.273725**

Amount of Each Receipt this Period

61.00

Erroneous deposit from a non-fed political committee

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

52271.89

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 OF 628

(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. UTICA GAS & ELECTRIC FEDERAL CREDIT UNION**

Mailing Address 215 Old Champion Road

City	State	Zip Code
New Hartford	NY	13413-4953

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.59

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09	/	07	/	2012

Transaction ID : SA12.273727

Amount of Each Receipt this Period

696.59

Erroneous deposit from a non-fed political committee

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
-----	---	-----	---	-------------

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

696.59

52968.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 OF 628  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☒ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. AMALGAMATED BANK**

Mailing Address 275 7th Avenue

City State Zip Code  
 New York NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14754.29

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 28 2012

Transaction ID : SA13.269663

Amount of Each Receipt this Period

3500000.00

Line of Credit

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500000.00

3500000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 OF 628  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<p>Full Name (Last, First, Middle Initial) <b>A. GARBER'S TRAVEL SERVICE</b></p> <p>Mailing Address 27 Boylston Street</p> <p>City Chestnut Hill State MA Zip Code 02467</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 1966.09</p>		<p>Date of Receipt  <b>09 / 25 / 2012</b>  <b>Transaction ID : SA15.273682</b> </p> <p>Amount of Each Receipt this Period 1966.09</p> <p>Refund/Airfare/DNC 2012</p>
<p>Full Name (Last, First, Middle Initial) <b>B. THE CAMPAIGN GROUP</b></p> <p>Mailing Address 1600 Locust Street</p> <p>City Philadelphia State PA Zip Code 19103</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼ 5250.00</p>		<p>Date of Receipt  <b>09 / 26 / 2012</b>  <b>Transaction ID : SA15.273681</b> </p> <p>Amount of Each Receipt this Period 5250.00</p> <p>Refund/Media Ads</p>
<p>Full Name (Last, First, Middle Initial) <b>C.</b></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>		7216.09
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>		7216.09

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 OF 628  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

## **A. AMALGAMATED BANK**

Mailing Address 275 7th Avenue

City  
New York

State Zip Code  
NY 10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15836.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2012

Transaction ID : SA17.273679

Amount of Each Receipt this Period

1082.22

Interest Income 9/28/2012

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1082.22

1082.22



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ADELSTEIN LISTON**Mailing Address 222 West Ontario Street  
Suite 600

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012**Transaction ID : SB21B.273723**

Amount of Each Disbursement this Period

-946844.33

Full Name (Last, First, Middle Initial)

**B. ADELSTEIN LISTON**Mailing Address 222 West Ontario Street  
Suite 600

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012**Transaction ID : SB21B.273724**

Amount of Each Disbursement this Period

-768651.80

Full Name (Last, First, Middle Initial)

**C. AFSCME INTERNATIONAL**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Webiste Hosting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2012**Transaction ID : SB21B.273715**

Amount of Each Disbursement this Period

24.94

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1715471.19

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

#### A. AFSCME INTERNATIONAL

Date of Disbursement

09 / 27 / 2012

Transaction ID : SB21B.273714

001

Amount of Each Disbursement this Period

Category/  
Type

27117.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

## B. AMERICAN EXPRESS

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.269962

001

Amount of Each Disbursement this Period

Category/  
Type

7.95

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. AMERICAN EXPRESS

Date of Disbursement

09 / 06 / 2012

Transaction ID : SB21B.269963

001

Amount of Each Disbursement this Period

Category/  
Type

0.87

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

27125.82

**TOTAL** This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

## A. AMERICAN EXPRESS

00.

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	0.73%

## B. AMERICAN EXPRESS

00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Age Group	Percentage
18-24	0.29
25-34	0.21
35-44	0.18
45-54	0.15
55-64	0.12
65-74	0.09
75-84	0.06
85+	0.04

### C. AMERICAN EXPRESS

00-

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

A horizontal number line with arrows at both ends. It has 11 tick marks, creating 10 equal intervals. The number 3.04 is written above the 4th tick mark from the left.

A diagram of a rectangular box with a length of 4.06. The box is shown in perspective, with a top edge and a bottom edge. The bottom edge is labeled with the number 4.06. The box is divided into several sections by vertical lines, suggesting it might be a segmented container or a series of compartments.

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PERRY AMOS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

Mailing Address 2014 West 81st Street

**Transaction ID : SB21B.269748**

City	State	Zip Code
Los Angeles	CA	90047

Amount of Each Disbursement this Period

Purpose of Disbursement  
Hotel/DNC 2012

002

2143.66
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. DEAN ANDO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

Mailing Address P.O. Box 7373

**Transaction ID : SB21B.269702**

Amount of Each Disbursement this Period

City	State	Zip Code
Tacoma	WA	98417

Purpose of Disbursement  
Hotel/DNC 2012

002

1262.00
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. CATHALEEN L. ASHTON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address 46 Lake Shore Drive

**Transaction ID : SB21B.269806**

Amount of Each Disbursement this Period

City	State	Zip Code
Wayland	MA	01778

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

002

1204.35
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4610.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 541 OF 628

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JALADAH ASLAM**

Mailing Address 3895 Cannon Road

City	State	Zip Code
Austintown	OH	44515-5372

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269745**

Amount of Each Disbursement this Period

602.73
--------

Full Name (Last, First, Middle Initial)

**B. JON AUSMAN**

Mailing Address 2202 Woodlawn Drive

City	State	Zip Code
Tallahassee	FL	32303

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269716**

Amount of Each Disbursement this Period

603.06
--------

Full Name (Last, First, Middle Initial)

**C. BART GROUP**

Mailing Address 171 Main Street

City	State	Zip Code
Port Washington	NY	11050

Purpose of Disbursement  
Merchant Service Charges

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : SB21B.269967**

Amount of Each Disbursement this Period

66.11
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1271.90
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BART GROUP**

Mailing Address 171 Main Street

City	State	Zip Code
Port Washington	NY	11050

Purpose of Disbursement  
Merchant Service Charges

001

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : SB21B.269968**

Amount of Each Disbursement this Period

63.31
-------

Full Name (Last, First, Middle Initial)

**B. SUE BAYLISS**

Mailing Address 716 Drew Street

City	State	Zip Code
St. Albans	WV	25177

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269750**

Amount of Each Disbursement this Period

785.35
--------

Full Name (Last, First, Middle Initial)

**C. DIANE A. BOWMAN**

Mailing Address 136 Linglestown Road

City	State	Zip Code
Harrisburgh	PA	17110

Purpose of Disbursement  
Airfare/DNC 2012

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269696**

Amount of Each Disbursement this Period

276.10
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1124.76



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ANN BURSIS**

Mailing Address 415 15th Street

City	State	Zip Code
Honesdale	PA	18431

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269790**

Amount of Each Disbursement this Period

182.10
--------

Full Name (Last, First, Middle Initial)

**B. PATRICIA BYRD**

Mailing Address 3064 Higland Oak Terrace

City	State	Zip Code
Tallahassee	FL	23201

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269772**

Amount of Each Disbursement this Period

386.10
--------

Full Name (Last, First, Middle Initial)

**C. JOHN CAMERON**Mailing Address 205 N. Michigan Avenue  
Suite 2100

City	State	Zip Code
Chicago	IL	60601

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269800**

Amount of Each Disbursement this Period

1434.85
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2003.05
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DYLAN CARLSON**

Mailing Address 915 Wilson St. SE

City	State	Zip Code
Olympia	WA	98501

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269777**

Amount of Each Disbursement this Period

1716.20
---------

Full Name (Last, First, Middle Initial)

**B. LINDA CHAVEZ-THOMPSON**

Mailing Address 6226 Meadow Haven

City	State	Zip Code
San Antonio	TX	78239

Purpose of Disbursement  
Parking/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

**Transaction ID : SB21B.269805**

Amount of Each Disbursement this Period

54.00
-------

Full Name (Last, First, Middle Initial)

**C. NICK CIARAMITARO**

Mailing Address 19473 Candlelight Street

City	State	Zip Code
Roseville	MI	48066

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269791**

Amount of Each Disbursement this Period

364.69
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2134.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CAROLYN CLARK**

Mailing Address 4415 Rolling Pine

City	State	Zip Code
West Bloomfield	MI	48324

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269722**

Amount of Each Disbursement this Period

684.20
--------

Full Name (Last, First, Middle Initial)

**B. RICK LYN COFER**

Mailing Address 1512 Pennsylvania Avenue

City	State	Zip Code
Austin	TX	78702

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

**Transaction ID : SB21B.269956**

Amount of Each Disbursement this Period

-125.00
---------

Full Name (Last, First, Middle Initial)

**C. RICK LYN COFER**

Mailing Address 1512 Pennsylvania Avenue

City	State	Zip Code
Austin	TX	78702

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB21B.269804**

Amount of Each Disbursement this Period

125.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

684.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. COMFORT SUITES UNIVERSITY**

Mailing Address 7735 University City Blvd

City	State	Zip Code
Charlotte	NC	28213

Purpose of Disbursement  
Hotel/NY/Delegates/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269825**

Amount of Each Disbursement this Period

847.92
--------

Full Name (Last, First, Middle Initial)

**B. BARBARA COOPER**

Mailing Address 931 S. Walnut Street

City	State	Zip Code
West Chester	PA	19382

Purpose of Disbursement  
Hotel & Auto Transportation/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269799**

Amount of Each Disbursement this Period

1956.10
---------

Full Name (Last, First, Middle Initial)

**C. WILLIAM DANDO**

Mailing Address 6630 Huntingdon Street

City	State	Zip Code
Harrisburg	PA	17111

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269793**

Amount of Each Disbursement this Period

1840.80
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4644.82
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KENNETH R. DASH Sr.**

Mailing Address 320 Lena Avenue

City Freeport      State NY      Zip Code 11520

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2012
**Transaction ID : SB21B.269801**

Amount of Each Disbursement this Period

1319.60

Full Name (Last, First, Middle Initial)

**B. RASHELLE DAVIS**

Mailing Address 3416 North Villard

City Tacoma      State WA      Zip Code 98407

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2012
**Transaction ID : SB21B.269768**

Amount of Each Disbursement this Period

1514.40

Full Name (Last, First, Middle Initial)

**C. RASHELLE DAVIS**

Mailing Address 3416 North Villard

City Tacoma      State WA      Zip Code 98407

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2012
**Transaction ID : SB21B.269798**

Amount of Each Disbursement this Period

1514.40

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4348.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JEANETTE DIFLORIO**

Mailing Address 4296 Merriman Loop

City	State	Zip Code
Howell	MI	48843

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269766**

Amount of Each Disbursement this Period

577.54
--------

Full Name (Last, First, Middle Initial)

**B. MIDGE DOSCH**

Mailing Address 150 Stillwater Circle

City	State	Zip Code
Jupiter	FL	33458

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269703**

Amount of Each Disbursement this Period

296.10
--------

Full Name (Last, First, Middle Initial)

**C. VIRGIE DUNLAP-KING**

Mailing Address 4010 Dunlap Avenue

City	State	Zip Code
Fairbanks	AK	99709

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269726**

Amount of Each Disbursement this Period

1482.30
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2355.94
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. VIRGIE DUNLAP-KING**

Mailing Address 4010 Dunlap Avenue

City	State	Zip Code
Fairbanks	AK	99709

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269733**

Amount of Each Disbursement this Period

1075.88
---------

Full Name (Last, First, Middle Initial)

**B. BRUCE ELFANT**

Mailing Address 4522 Avenue F

City	State	Zip Code
Austin	TX	78751

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2012

**Transaction ID : SB21B.269685**

Amount of Each Disbursement this Period

210.00
--------

Full Name (Last, First, Middle Initial)

**C. BRUCE ELFANT**

Mailing Address 4522 Avenue F

City	State	Zip Code
Austin	TX	78751

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2012

**Transaction ID : SB21B.269686**

Amount of Each Disbursement this Period

125.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1410.88
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BRUCE ELFANT**

Mailing Address 4522 Avenue F

City	State	Zip Code
Austin	TX	78751

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269697**

Amount of Each Disbursement this Period

1486.05
---------

Full Name (Last, First, Middle Initial)

**B. JON FERGUSON**

Mailing Address 610 Meadow View

City	State	Zip Code
Ellensburg	WA	98926

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269755**

Amount of Each Disbursement this Period

1607.75
---------

Full Name (Last, First, Middle Initial)

**C. FIS MERCHANT SERVICES-LL**

Mailing Address 11000 W. Lake Park Drive

City	State	Zip Code
Milwaukee	WI	53224

Purpose of Disbursement  
Merchant Service Charges

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB21B.269969**

Amount of Each Disbursement this Period

265.69
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3359.49
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RAPHUS FOLEY, JR.**

Mailing Address 5111 Idaho Street

City	State	Zip Code
Houston	TX	77021

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269742**

Amount of Each Disbursement this Period

1573.45
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Full Name (Last, First, Middle Initial)

**B. ALBERT GARRETT**

Mailing Address 18491 Lauder

City	State	Zip Code
Detroit	MI	48232

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269719**

Amount of Each Disbursement this Period

762.30
--------

Full Name (Last, First, Middle Initial)

**C. MARJORIE GERMAIN**

Mailing Address 5809 Night Shadow Avenue, NW

City	State	Zip Code
Albuquerque	NM	87114

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269786**

Amount of Each Disbursement this Period

1337.30
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3673.05
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. VINCENT GILLEN**Mailing Address 666 West Germantown Pike  
Suite 1604City State Zip Code  
Plumouth Meeting PA 19462Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2012**Transaction ID : SB21B.269762**

Amount of Each Disbursement this Period

1267.76

Full Name (Last, First, Middle Initial)

**B. RUBY GILLIAM**

Mailing Address 2024 Leisure Road NW

City State Zip Code  
Minerva OH 44657Purpose of Disbursement  
Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012**Transaction ID : SB21B.269734**

Amount of Each Disbursement this Period

555.00

Full Name (Last, First, Middle Initial)

**C. SHARON GOMEZ-BONNER**

Mailing Address 1402 Kingsroyal Blvd.

City State Zip Code  
Pueblo CO 81005Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2012**Transaction ID : SB21B.269708**

Amount of Each Disbursement this Period

454.20

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2276.96

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

### A. SHARON GOMEZ-BONNER

Date of Disbursement

Transaction ID : SB21B.269728

002

Category/  
Type

Amount of Each Disbursement this Period

858.61

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

### B. SHARON GOMEZ-BONNER

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.269785

002

Category/  
Type

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	100%

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**C. SHARON GOMEZ-BONNER**

Date of Disbursement

Transaction ID : SB21B.269955

002

Category/  
Type

Amount of Each Disbursement this Period

score	count
-125.00	1
-100.00	1
-75.00	1
-50.00	1
-25.00	1
0.00	10
25.00	1
50.00	1
75.00	1
100.00	1
125.00	1

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

858.61

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SHERRYL GORDON**

Mailing Address 2930 South Broad Street

City	State	Zip Code
Trenton	NJ	08610

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269723**

Amount of Each Disbursement this Period

210.00
--------

Full Name (Last, First, Middle Initial)

**B. SHERRYL GORDON**

Mailing Address 2930 South Broad Street

City	State	Zip Code
Trenton	NJ	08610

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269724**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**C. SHERRYL GORDON**

Mailing Address 2930 South Broad Street

City	State	Zip Code
Trenton	NJ	08610

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269730**

Amount of Each Disbursement this Period

1854.54
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2189.54
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SHERRYL GORDON**

Mailing Address 2930 South Broad Street

City Trenton	State NJ	Zip Code 08610
-----------------	-------------	-------------------

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269737**

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B. JOSEPH GUMP**

Mailing Address 1824 Iris Drive

City Palatine	State IL	Zip Code 60074
------------------	-------------	-------------------

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269797**

Amount of Each Disbursement this Period

1434.85
---------

Full Name (Last, First, Middle Initial)

**C. EDWARD HASEGAWA**

Mailing Address 250 N. Judd Street

City Honolulu	State HI	Zip Code 96817
------------------	-------------	-------------------

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2012

**Transaction ID : SB21B.269687**

Amount of Each Disbursement this Period

1190.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2675.35
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOE HATCH**

Mailing Address 1141 Michigan Avenue

City	State	Zip Code
Salt Lake City	UT	84105

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269770**

Amount of Each Disbursement this Period

1383.89
---------

Full Name (Last, First, Middle Initial)

**B. JON HEITLAND**

Mailing Address 11140 Maplehurst Drive

City	State	Zip Code
Iowa Falls	IA	50126

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269699**

Amount of Each Disbursement this Period

684.54
--------

Full Name (Last, First, Middle Initial)

**C. JON HEITLAND**

Mailing Address 11140 Maplehurst Drive

City	State	Zip Code
Iowa Falls	IA	50126

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269705**

Amount of Each Disbursement this Period

315.05
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2383.48
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. EMERALD HERNANDEZ**

Mailing Address 1542 Presidential Dr.

City Columbus State OH Zip Code 46212

Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 27 / 2012**Transaction ID : SB21B.269807**

Amount of Each Disbursement this Period

471.10

Full Name (Last, First, Middle Initial)

**B. HILTON CHARLOTTE CENTER CENTER**

Mailing Address 222 East Third Street

City Charlotte State NC Zip Code 28202

Purpose of Disbursement  
Hotel/NY/Delegates/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2012**Transaction ID : SB21B.269823**

Amount of Each Disbursement this Period

13032.49

Full Name (Last, First, Middle Initial)

**C. HILTON CHARLOTTE EXEC PARK**

Mailing Address 5624 Westpark Drive

City Charlotte State NC Zip Code 28217

Purpose of Disbursement  
Hotel/NY/Delegates/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012**Transaction ID : SB21B.269824**

Amount of Each Disbursement this Period

1929.30

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15432.89

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ABENA HOGAN**

Mailing Address 9270 Ward Street

City Detroit                      State MI                      Zip Code 48228

Purpose of Disbursement  
Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2012
**Transaction ID : SB21B.269720**

Amount of Each Disbursement this Period

654.50

Full Name (Last, First, Middle Initial)

**B. KATHERINE HURLEY**

Mailing Address P O Box 870157

City Wasilla                      State AK                      Zip Code 99687

Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 03 / 2012
**Transaction ID : SB21B.269700**

Amount of Each Disbursement this Period

1145.82

Full Name (Last, First, Middle Initial)

**C. JEFFREY A. JOHNSON**

Mailing Address 4522 Forest Valley Road

City Wausau                      State WI                      Zip Code 54403

Purpose of Disbursement  
Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012
**Transaction ID : SB21B.269731**

Amount of Each Disbursement this Period

699.03

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2499.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JEFFREY A. JOHNSON**

Mailing Address 4522 Forest Valley Road

City Wausau	State WI	Zip Code 54403
----------------	-------------	-------------------

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2012

**Transaction ID : SB21B.269759**

Amount of Each Disbursement this Period

1079.87
---------

Full Name (Last, First, Middle Initial)

**B. ELIZABETH JUDD**

Mailing Address 15000 South River Drive

City Miami	State FL	Zip Code 33167
---------------	-------------	-------------------

Purpose of Disbursement  
Airfare/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269695**

Amount of Each Disbursement this Period

208.70
--------

Full Name (Last, First, Middle Initial)

**C. LORI E. KIEF**

Mailing Address 4413 Doe Crossing Trail

City Madison	State WI	Zip Code 53704
-----------------	-------------	-------------------

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269796**

Amount of Each Disbursement this Period

509.49
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1798.06
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RAMEY KO**Mailing Address 2024 Simond Avenue  
#B

City Austin State TX Zip Code 78723

Purpose of Disbursement  
Per Diem/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 03 2012**Transaction ID : SB21B.269709**

Amount of Each Disbursement this Period

210.00

Full Name (Last, First, Middle Initial)

**B. RAMEY KO**Mailing Address 2024 Simond Avenue  
#B

City Austin State TX Zip Code 78723

Purpose of Disbursement  
Per Diem/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 03 2012**Transaction ID : SB21B.269711**

Amount of Each Disbursement this Period

125.00

Full Name (Last, First, Middle Initial)

**C. LEANNE KUNZE**

Mailing Address 8155 Scandia Road

City Waconia State MN Zip Code 55387

Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 04 2012**Transaction ID : SB21B.269743**

Amount of Each Disbursement this Period

1780.65

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2115.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DINO LEONE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address 9115 Turkey Hollow Rd.

**Transaction ID : SB21B.269763**

City	State	Zip Code
Taylor Ridge	IL	61284

Amount of Each Disbursement this Period

Purpose of Disbursement  
Hotel/DNC 2012

002

1434.85
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. RICHARD P. LOEPER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address 3423 Richard Street

**Transaction ID : SB21B.269794**

Amount of Each Disbursement this Period

City	State	Zip Code
Madison	WI	53714

Purpose of Disbursement  
Hotel/DNC 2012

002

1089.10
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. ROSIE LOPEZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address 3801 W. Lewis Avenue

**Transaction ID : SB21B.269769**

Amount of Each Disbursement this Period

City	State	Zip Code
Phoenix	AZ	85009-1230

Purpose of Disbursement  
Hotel/DNC 2012

002

1319.60
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3843.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MARTHA LOVE**

Mailing Address 1846 West Cherry Street

City	State	Zip Code
Milwaukee	WI	53205

Purpose of Disbursement  
Hotel/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269795**

Amount of Each Disbursement this Period

1089.11
---------

Full Name (Last, First, Middle Initial)

**B. MACK CROUNSE GROUP, LLC**Mailing Address 2001 N. Beauregard Street  
Suite 420

City	State	Zip Code
Alexandria	VA	22311

Purpose of Disbursement  
Advance payment for future communication

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

**Transaction ID : SB21B.273736**

Amount of Each Disbursement this Period

30183.78
----------

Full Name (Last, First, Middle Initial)

**C. MACK CROUNSE GROUP, LLC**Mailing Address 2001 N. Beauregard Street  
Suite 420

City	State	Zip Code
Alexandria	VA	22311

Purpose of Disbursement  
Advance payment for future communication

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

**Transaction ID : SB21B.273737**

Amount of Each Disbursement this Period

900.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32172.89
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. LARRY MALONE JR.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address 5949 Hampton Corners N.

City	State	Zip Code
Hilliard	OH	43026

**Transaction ID : SB21B.269765**Purpose of Disbursement  
Airfare/DNC 2012

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

485.07

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. GARY MARTIN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

Mailing Address 255 Trail East

City	State	Zip Code
Pataskala	OH	43062

**Transaction ID : SB21B.269735**Purpose of Disbursement  
Auto Transportation/DNC 2012

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

506.16

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. PAULA MARTINEZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2012

Mailing Address 3963 200th Avenue

City	State	Zip Code
Carlisle	IA	50047

**Transaction ID : SB21B.269684**Purpose of Disbursement  
Airfare/DNC 2012

002

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

271.70

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1262.93

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A. PAULA MARTINEZ**

Date of Disbursement

Three date pickers are shown, each with a label above it: 'MM', 'DD', and 'YYYY'. The first picker shows '09', the second shows '04', and the third shows '2012'. Each picker has a grid of numbers or letters above the input field.

Transaction ID : SB21B.269753

002

Amount of Each Disbursement this Period

Category/  
Type

857.46

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

**B. ED MCNEIL**

09 / 03 / 2012

Transaction ID : SB21B.269718

002

Amount of Each Disbursement this Period

Category/  
Type

751.85

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Date of Disbursement

**C. KIM METCALF**

Transaction ID : SB21B.269736

002

Amount of Each Disbursement this Period

Category/  
Type

Age Group	Percentage
18-24	10%
25-34	15%
35-44	20%
45-54	25%
55-64	30%
65-74	35%
75+	40%

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1659.31

**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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KIM METCALF**

Mailing Address 730 Gold Street

City  
JuneauState  
AKZip Code  
99801Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269792**

Amount of Each Disbursement this Period

1244.29
---------

Full Name (Last, First, Middle Initial)

**B. DIANA MILLER**Mailing Address 110 King Street  
Suite 203City  
MadisonState  
WIZip Code  
53703Purpose of Disbursement  
Per Diem/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269692**

Amount of Each Disbursement this Period

210.00
--------

Full Name (Last, First, Middle Initial)

**C. DIANA MILLER**Mailing Address 110 King Street  
Suite 203City  
MadisonState  
WIZip Code  
53703Purpose of Disbursement  
Per Diem/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269693**

Amount of Each Disbursement this Period

125.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1579.29
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DIANA MILLER**Mailing Address 110 King Street  
Suite 203

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269714**

Amount of Each Disbursement this Period

591.40
--------

Full Name (Last, First, Middle Initial)

**B. DOROTHY MILLER**Mailing Address 1800 Country Road  
KK

City Mosinee State WI Zip Code 54455

Purpose of Disbursement  
Hotel & Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269729**

Amount of Each Disbursement this Period

1708.57
---------

Full Name (Last, First, Middle Initial)

**C. VIRGINA MOLES**

Mailing Address 502 Silver Oak Drive

City Nitro State WV Zip Code 25143

Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269752**

Amount of Each Disbursement this Period

785.35
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3085.32
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

### A. VIRGINIA MOLES

002

371.85

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**B. RUSSELL K. OKATA**

09 / 27 / 2012

002

1685.34

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. WILIAM OLIPHANT

002

745.80

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

2802.99



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

### A. EDITH OWENS



002

300.10

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

### B. DARREN PARKER

MM / DD / YYYY

002

353.70

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**C. DARREN PARKER**

002

2143.68

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

2797.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 570 OF 628

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PAYPAL INC.**

Mailing Address 2211 North First Street

City San Jose      State CA      Zip Code 95131

Purpose of Disbursement  
Online Service Charges

001

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2012
**Transaction ID : SB21B.269970**

Amount of Each Disbursement this Period

139.85

Full Name (Last, First, Middle Initial)

**B. RONNIE D PETERSON**

Mailing Address 1146 Rue Willette Blvd.

City Ypsilanti      State MI      Zip Code 48197

Purpose of Disbursement  
Airfare/DNC 2012

002

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 06 / 2012
**Transaction ID : SB21B.269761**

Amount of Each Disbursement this Period

708.10

Full Name (Last, First, Middle Initial)

**C. MARY PLATA**Mailing Address 302 Mulhern Court  
#1

City Yorkville      State IL      Zip Code 60560

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 21 / 2012
**Transaction ID : SB21B.269787**

Amount of Each Disbursement this Period

1434.85

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2282.80

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

### A. RED HORSE STRATEGIES

004

4750.00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

## B. RENAISSANCE CHARLOTTE SOUTH PARK

MM / DD / YYYY

002

Age Group	Number of people
13-17	1470.60
18-24	~1000
25-34	~800
35-44	~600
45-54	~400
55-64	~300
65-74	~200
75-84	~100
85+	~50

Candidate Name

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Full Name (Last, First, Middle Initial)

**C. THOMAS J. RITCHIE Sr.**

002

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	52.00

Candidate Name \_\_\_\_\_

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

6272.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DAVID SARTORI**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	6			2	0	1	2		

Mailing Address 6000 S. Buckhorn Avenue  
Unit 215

City Cudahy State WI Zip Code 53110

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type**Transaction ID : SB21B.269767**

Amount of Each Disbursement this Period

1416.21

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. SHANNON SCHROEDER**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	2		

Mailing Address P.O. Box 207

City St. Joseph State MN Zip Code 56374

Purpose of Disbursement  
Per Diem/DNC 2012

002

Candidate Name

Category/  
Type**Transaction ID : SB21B.269758**

Amount of Each Disbursement this Period

125.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. PAUL D. SCHWARZ**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	2		

Mailing Address 24 N. Munsterman

City Appleton State MN Zip Code 56208

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type**Transaction ID : SB21B.269781**

Amount of Each Disbursement this Period

1780.65

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3321.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SHARON ANN SCROGGINS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

Mailing Address 626 Greenway Road

**Transaction ID : SB21B.269754**

City	State	Zip Code
Henderson	NV	89002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Hotel/DNC 2012

002

1369.20
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. EDWARD SCURRY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

Mailing Address 516 Elk Street

**Transaction ID : SB21B.269701**

Amount of Each Disbursement this Period

City	State	Zip Code
Franklin	PA	16323

Purpose of Disbursement  
Hotel/DNC 2012

002

1261.98
---------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. EDWARD SCURRY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 516 Elk Street

**Transaction ID : SB21B.269802**

Amount of Each Disbursement this Period

City	State	Zip Code
Franklin	PA	16323

Purpose of Disbursement  
Auto Transportation/DNC 2012

002

406.00
--------

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3037.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ERIN SMITH**

Mailing Address 1825 Elba Drive

City	State	Zip Code
Louisville	KY	40218

Purpose of Disbursement  
Hotel/DNC 2012

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269789**

Amount of Each Disbursement this Period

961.20
--------

Full Name (Last, First, Middle Initial)

**B. LILA P. STARR**

Mailing Address 1614 NW 99th Court

City	State	Zip Code
Clive	IA	50325

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269788**

Amount of Each Disbursement this Period

974.76
--------

Full Name (Last, First, Middle Initial)

**C. DARRELL STEPHENS**

Mailing Address 14324 Varnadore Lane

City	State	Zip Code
Little Rock	AR	72206

Purpose of Disbursement  
Per Diem/DNC 2012

002

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2012

**Transaction ID : SB21B.269690**

Amount of Each Disbursement this Period

210.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2145.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DARRELL STEPHENS**

Mailing Address 14324 Varnadore Lane

City	State	Zip Code
Little Rock	AR	72206

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269694**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**B. DARRELL STEPHENS**

Mailing Address 14324 Varnadore Lane

City	State	Zip Code
Little Rock	AR	72206

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269713**

Amount of Each Disbursement this Period

1361.04
---------

Full Name (Last, First, Middle Initial)

**C. RICHARD J. SWYERS**Mailing Address 280 College Drive NW  
#101

City	State	Zip Code
Salem	OR	97304

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269776**

Amount of Each Disbursement this Period

1108.86
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2594.90
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. THE CAMPAIGN GROUP**

Mailing Address 1600 Locust Street

City Philadelphia      State PA      Zip Code 19103

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2012
**Transaction ID : SB21B.273720**

Amount of Each Disbursement this Period

-1000000.00

Full Name (Last, First, Middle Initial)

**B. THE CAMPAIGN GROUP**

Mailing Address 1600 Locust Street

City Philadelphia      State PA      Zip Code 19103

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2012
**Transaction ID : SB21B.273721**

Amount of Each Disbursement this Period

-242750.00

Full Name (Last, First, Middle Initial)

**C. THE CAMPAIGN GROUP**

Mailing Address 1600 Locust Street

City Philadelphia      State PA      Zip Code 19103

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2012
**Transaction ID : SB21B.273722**

Amount of Each Disbursement this Period

-209000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1451750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. THE WESTIN CHARLOTTE**

Mailing Address 601 south College Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement  
Hotel/NY/Delegates/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB21B.269826**

Amount of Each Disbursement this Period

2966.52
---------

Full Name (Last, First, Middle Initial)

**B. ROBERT L. THOMPSON**

Mailing Address 927 Gibbs Avenue, NE

City	State	Zip Code
Canton	OH	44705-1074

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2012

**Transaction ID : SB21B.269712**

Amount of Each Disbursement this Period

506.23
--------

Full Name (Last, First, Middle Initial)

**C. GEORGE R. TUCKER**

Mailing Address 13925 Sylvania Avenue

City	State	Zip Code
Berkey	OH	43504

Purpose of Disbursement  
Auto Transportation/DNC 2012

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269747**

Amount of Each Disbursement this Period

721.50
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4194.25
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MAF MISBAH UDDIN**

Mailing Address 161-17 85th Avenue

City State Zip Code  
Jamaica NY 11432
Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 03 2012
**Transaction ID : SB21B.269706**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. KAREN VALENTINE**

Mailing Address 702 Ponderosa Road

City State Zip Code  
Magnolia DE 19962
Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 03 2012
**Transaction ID : SB21B.269707**

Amount of Each Disbursement this Period

258.50

Full Name (Last, First, Middle Initial)

**C. KAREN VALENTINE**

Mailing Address 702 Ponderosa Road

City State Zip Code  
Magnolia DE 19962
Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 04 2012
**Transaction ID : SB21B.269732**

Amount of Each Disbursement this Period

1194.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1702.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 580 OF 628

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PAUL WALLACE**

Mailing Address 197 Burwell Street

City	State	Zip Code
New Haven	CT	06513

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269738**

Amount of Each Disbursement this Period

210.00
--------

Full Name (Last, First, Middle Initial)

**B. PAUL WALLACE**

Mailing Address 197 Burwell Street

City	State	Zip Code
New Haven	CT	06513

Purpose of Disbursement  
Per Diem/DNC 2012

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		04		2012

**Transaction ID : SB21B.269740**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**C. WATERFRONT STRATEGIES**Mailing Address 3050 K Street NW  
Suite 100

City	State	Zip Code
Washington	DC	20007

Purpose of Disbursement  
Advance payment for future communication

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) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB21B.273739**

Amount of Each Disbursement this Period

92256.66
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92591.66
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. WATERFRONT STRATEGIES**Mailing Address 3050 K Street NW  
Suite 100

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2012

**Transaction ID : SB21B.273740**

Amount of Each Disbursement this Period

169015.05
-----------

Full Name (Last, First, Middle Initial)

**B. WATERFRONT STRATEGIES**Mailing Address 3050 K Street NW  
Suite 100

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Advance payment for future communication

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2012

**Transaction ID : SB21B.273741**

Amount of Each Disbursement this Period

302197.50
-----------

Full Name (Last, First, Middle Initial)

**C. RANDY WESTON**

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

Purpose of Disbursement  
Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

**Transaction ID : SB21B.269774**

Amount of Each Disbursement this Period

530.20
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

471742.75
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DIANA WILLIAMS**

Mailing Address 727 East Linfield Street

City Azusa                      State CA                      Zip Code 91702

Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012
**Transaction ID : SB21B.269749**

Amount of Each Disbursement this Period

1141.00

Full Name (Last, First, Middle Initial)

**B. BING WONG**

Mailing Address 7421 SE Sherman

City Portland                      State OR                      Zip Code 97215

Purpose of Disbursement  
Hotel & Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012
**Transaction ID : SB21B.269725**

Amount of Each Disbursement this Period

1414.84

Full Name (Last, First, Middle Initial)

**C. VIVIAN YOSHIOKA**

Mailing Address 3154 Florinda Street

City Pomona                      State CA                      Zip Code 91767

Purpose of Disbursement  
Airfare/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 04 / 2012
**Transaction ID : SB21B.269741**

Amount of Each Disbursement this Period

545.70

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3101.54

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. VIVIAN YOSHIOKA**

Mailing Address 3154 Florinda Street

City Pomona State CA Zip Code 91767

Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 06 2012
**Transaction ID : SB21B.269779**

Amount of Each Disbursement this Period

1786.40

Full Name (Last, First, Middle Initial)

**B. ROBERT ZICKAFOOSE**

Mailing Address 11 Briar Hill Road

City Charleston State WV Zip Code 25314

Purpose of Disbursement  
Auto Transportation/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 06 2012
**Transaction ID : SB21B.269773**

Amount of Each Disbursement this Period

309.10

Full Name (Last, First, Middle Initial)

**C. ROBERT ZICKAFOOSE**

Mailing Address 11 Briar Hill Road

City Charleston State WV Zip Code 25314

Purpose of Disbursement  
Hotel/DNC 2012

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 26 2012
**Transaction ID : SB21B.269803**

Amount of Each Disbursement this Period

898.35

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►
2993.85  
-2423564.91

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AFSCME PEOPLE- Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

008

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB22.273683**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. AFSCME PEOPLE- Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2012

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

008

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB22.273684**

Amount of Each Disbursement this Period

99100.00
----------

Full Name (Last, First, Middle Initial)

**C. AFSCME PEOPLE- Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2012

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

008

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**Transaction ID : SB22.273685**

Amount of Each Disbursement this Period

2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

105100.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AFSCME PEOPLE- Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

008

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB22.273686**

Amount of Each Disbursement this Period

403000.00

Full Name (Last, First, Middle Initial)

**B. LOCAL 420 AFSCME AFL-CIO**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address 125 Barclay Street

City	State	Zip Code
New York	NY	10007

Purpose of Disbursement  
Deposit returned to a non-fed political committee reported on Line 12

008

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB22.273729**

Amount of Each Disbursement this Period

61.00

Full Name (Last, First, Middle Initial)

**C. UTICA GAS & ELECTRIC FEDERAL CREDIT UNION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address 215 Old Champion Road

City	State	Zip Code
New Hartford	NY	13413-4953

Purpose of Disbursement  
Deposit returned to a non-fed political committee reported on Line 12

008

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB22.273730**

Amount of Each Disbursement this Period

696.59

**SUBTOTAL** of Disbursements This Page (optional)..... ►

403757.59

**TOTAL** This Period (last page this line number only)..... ►

508857.59

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AL LAWSON FOR CONGRESS**

Mailing Address 400 N. Adams Street

City	State	Zip Code
Tallahassee	FL	32301

Purpose of Disbursement  
Contribution

Candidate Name

**ALFRED J JR LAWSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269830**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. AMERICANS FOR DEMOCRATIC ACTION**Mailing Address 1625 K Street NW  
Suite 210

City	State	Zip Code
Washington	DC	20006

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB23.269921**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. ANDRE CARSON FOR CONGRESS**Mailing Address 148 E. Market Street  
Suite 300

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement  
Contribution

Candidate Name

**ANDRE CARSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269880**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ANDREWS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 295

City	State	Zip Code
Oaklyn	NJ	08107

**Transaction ID : SB23.269891**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**ROBERT E. MR. ANDREWS**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 01

Full Name (Last, First, Middle Initial)

**B. BETTY- PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 14141

City	State	Zip Code
Saint Paul	MN	55114

**Transaction ID : SB23.269941**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

2000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: PAC

Full Name (Last, First, Middle Initial)

**C. BILL KEATING COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 690353

City	State	Zip Code
Quincy	MA	02269

**Transaction ID : SB23.269884**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**WILLIAM RICHARD KEATING**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 10

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 588 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. BISHOP PAC**

Mailing Address P.O. Box 1087

City	State	Zip Code
Southampton	NY	11969

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2012

**Transaction ID : SB23.269933**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. BOOCKVAR FOR CONGRESS**

Mailing Address P.O. Box 27

City	State	Zip Code
Doylestown	PA	18901

Purpose of Disbursement  
Contribution

Candidate Name

**KATHRYN BOOCKVAR**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: PA District: 08

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269857**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. CAPUANO FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 440305

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement  
Contribution

Candidate Name

**MICHAEL E CAPUANO**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 08

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269883**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CARMONA FOR ARIZONA**

Mailing Address P.O. Box 12339

City Tucson	State AZ	Zip Code 85732
----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**RICHARD CARMONA**Category/  
Type

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SB23.269928**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. CAROL SHEA-PORTER FOR CONGRESS**

Mailing Address P.O. Box 453

City Rochester	State NH	Zip Code 03866
-------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**CAROL SHEA-PORTER**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: NH District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269855**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address P.O. Box 544

City San Antonio	State TX	Zip Code 78292
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOAQUIN MR. CASTRO**Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269858**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

15000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CEDRIC RICHMOND FOR CONGRESS**

Mailing Address 1631 Elysian Fields Avenue

City	State	Zip Code
New Orleans	LA	70117

Purpose of Disbursement  
Contribution

Candidate Name

**CEDRIC L. RICHMOND**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: LA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269882**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CLARKE FOR CONGRESS**

Mailing Address 111-36 200th Street

City	State	Zip Code
Hollis	NY	11412

Purpose of Disbursement  
Contribution

Candidate Name

**YVETTE D CLARKE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269897**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. CLAY, JR. FOR CONGRESS**

Mailing Address P.O. Box 4544

City	State	Zip Code
Saint Louis	MO	63108

Purpose of Disbursement  
Contribution

Candidate Name

**WILLIAM LACY JR CLAY Jr.**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269889**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. COHEN FOR CONGRESS**

Mailing Address 349 Kenilworth Place

City	State	Zip Code
Memphis	TN	38112

Purpose of Disbursement  
Contribution

Candidate Name

**STEPHEN IRA COHEN**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269902**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. COMMITTEE TO ELECT ALAN GRAYSON**

Mailing Address 8419 Oak Park Road

City	State	Zip Code
Orlando	FL	32819

Purpose of Disbursement  
Contribution

Candidate Name

**ALAN MARK GRAYSON**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269831**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. COURTNEY FOR CONGRESS**

Mailing Address P.O. Box 1372

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement  
Contribution

Candidate Name

**JOSEPH D COURTNEY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269873**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. CROWLEY FOR CONGRESS**

Mailing Address 84-56 Grand Avenue

City Elmhurst	State NY	Zip Code 11373
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOSEPH CROWLEY**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269896**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. DAVE CROOKS FOR CONGRESS**

Mailing Address P.O. Box 686

City Washington	State IN	Zip Code 47501
--------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**DAVID L CROOKS**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269851**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DEFAZIO FOR CONGRESS**

Mailing Address P.O. Box 1316

City Springfield	State OR	Zip Code 97477
---------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**PETER A. DEFAZIO**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269901**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DELBENE FOR CONGRESS**

Mailing Address P.O. Box 487

City	State	Zip Code
Bothell	WA	98041

Purpose of Disbursement  
Contribution

Candidate Name

**SUZAN K DELBENE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269860**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. DEMOCRATIC PARTY OF HAWAII**Mailing Address 1050 Ala Moana Boulevard  
Suite D-26

City	State	Zip Code
Honolulu	HI	96814

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB23.269922**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. DOGGETT FOR U.S. CONGRESS**

Mailing Address P.O. Box 5843

City	State	Zip Code
Austin	TX	78763

Purpose of Disbursement  
Contribution

Candidate Name

**LLOYD DOGGETT**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269904**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DONALD PAYNE JR. FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 2406

City	State	Zip Code
Newark	NJ	07114

**Transaction ID : SB23.269908**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**DONALD M., JR. PAYNE**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 10

1000.00

Full Name (Last, First, Middle Initial)

**B. DR. RAUL RUIZ FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address 73373 Country Club Drive  
#1904

City	State	Zip Code
Palm Desert	CA	92260

**Transaction ID : SB23.269829**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**RAUL DR RUIZ**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 36

2500.00

Full Name (Last, First, Middle Initial)

**C. DREAM PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

Mailing Address 50 E. Street SE  
Suite 1

City	State	Zip Code
Washington	DC	20003

**Transaction ID : SB23.269961**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: PAC

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. Box 8867

City	State	Zip Code
Rolling Meadows	IL	60008

Purpose of Disbursement  
Contribution

011

Candidate Name

**L. TAMMY DUCKWORTH**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269837**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE**Mailing Address 22 West Padonia Road  
Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement  
Contribution

011

Candidate Name

**DUTCH RUPPERSBERGER**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269886**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. ENYART FOR CONGRESS**

Mailing Address P.O. Box 308

City	State	Zip Code
Belleville	IL	62222

Purpose of Disbursement  
Contribution

011

Candidate Name

**WILLIAM L JR ENYART**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269845**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FREDERICA WILSON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 19821 NW 2nd Avenue  
Box 354

City Miami State FL Zip Code 33169

Purpose of Disbursement  
Contribution

011

Candidate Name

**FREDERICA S. WILSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 17

**Transaction ID : SB23.269875**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS FOR JIM MCDERMOTT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 21786  
Main Station

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
Contribution

011

Candidate Name

**JAMES MCDERMOTT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 07

**Transaction ID : SB23.269865**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF BENNIE THOMPSON**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 236 Massachusetts Avenue NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**BENNIE G. THOMPSON**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MS District: 02

**Transaction ID : SB23.269890**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF CAROLYN MCCARTHY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 190

**Transaction ID : SB23.269895**

City	State	Zip Code
Mineola	NY	11501

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

1000.00
---------

Candidate Name

**CAROLYN MCCARTHY**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 04

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CORRINE BROWN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 3563 Carriage Walk Lane

**Transaction ID : SB23.269874**

City	State	Zip Code
Laurel	MD	20724

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

1000.00
---------

Candidate Name

**CORRINE BROWN**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 03

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAVID GILL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address P.O. Box 3683

**Transaction ID : SB23.269913**

City	State	Zip Code
Bloomington	IL	61702

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

011

5000.00
---------

Candidate Name

**DAVID MICHAEL GILL**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 598 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ELIZABETH ESTY**

Mailing Address P.O. Box 61

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement  
Contribution

Candidate Name

**ELIZABETH ESTY**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CT District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269839**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE BACA**Mailing Address 555 Capitol Mall  
Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement  
Contribution

Candidate Name

**JOE BACA**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 43

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269871**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN CONYERS**

Mailing Address 1831 Bay Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN JR. CONYERS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MI District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269887**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 599 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PATRICK MURPHY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address 4521 PGA Blvd.  
#412City State Zip Code  
Palm Beach Gardens FL 33418Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269834**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**PATRICK MURPHY**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: FL District: 18Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. GRACE FOR NEW YORK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2012

Mailing Address 49-04 43rd Avenue

City State Zip Code  
Woodside NY 11377Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269916**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**GRACE MENG**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: NY District: 06Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. GUTIERREZ FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 2846 N. River Walk Drive

City State Zip Code  
Chicago IL 60618Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269879**

Amount of Each Disbursement this Period

2000.00
---------

Candidate Name

**LUIS V GUTIERREZ**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 04Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 600 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. HASTINGS FOR CONGRESS**

Mailing Address P.O. Box 100277

City	State	Zip Code
Fort Lauderdale	FL	33310

Purpose of Disbursement  
Contribution

011

Candidate Name

**ALCEE L HASTINGS**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269876**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. HEIDI FOR SENATE**

Mailing Address P.O. Box 1577

City	State	Zip Code
Bismark	ND	58502

Purpose of Disbursement  
Contribution

011

Candidate Name

**HEIDI HEITKAMP**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ND District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269926**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. HIRSCHBIEL FOR CONGRESS**

Mailing Address P.O. Box 8728

City	State	Zip Code
Virginia Beach	VA	23450

Purpose of Disbursement  
Contribution

011

Candidate Name

**PAUL ODELL JR HIRSCHBIEL**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: VA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269859**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 601 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JANICE HAHN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 36Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID : SB23.269950**

Amount of Each Disbursement this Period

-2500.00

Full Name (Last, First, Middle Initial)

**B. JANICE HAHN FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address 777 S. Figueroa Street  
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type**JANICE HAHN**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: CA District: 36Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼**Transaction ID : SB23.269907**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. JIM-PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼ PAC**Transaction ID : SB23.269939**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 602 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. JOE GARCIA FOR CONGRESS**

Mailing Address P.O. Box 832225

City	State	Zip Code
Miami	FL	33283

Purpose of Disbursement  
Contribution

Candidate Name

**JOSE ANTONIO GARCIA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

**Transaction ID : SB23.269835**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. Box 2323

City	State	Zip Code
Atlanta	GA	30301

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN R. LEWIS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269877**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. KAREN BASS FOR CONGRESS**Mailing Address 4322 Wilshire Blvd.  
#301

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement  
Contribution

Candidate Name

**KAREN BASS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 33

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SB23.269951**

Amount of Each Disbursement this Period

-1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 603 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KEITH FITZGERALD FOR CONGRESS**

Mailing Address P.O. Box 3708

City Sarasota	State FL	Zip Code 34230
------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**KEITH FITZGERALD**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269833**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. KIDSPAC**Mailing Address 2 Brighton Street  
2nd Floor

City Belmont	State MA	Zip Code 02478
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269920**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. KUSTER FOR CONGRESS**

Mailing Address P.O. Box 1498

City Concord	State NH	Zip Code 03302
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**ANN MCLANE KUSTER**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NH District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269856**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 604 OF 628

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KYRSTEN SINEMA FOR CONGRESS**

Mailing Address P.O. Box 25879

City	State	Zip Code
Tempe	AZ	85285

Purpose of Disbursement  
Contribution

Candidate Name

**KYRSTEN SINEMA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269827**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. LOIS FRANKEL FOR CONGRESS**

Mailing Address P.O. Box 775

City	State	Zip Code
West Palm Beach	FL	33402

Purpose of Disbursement  
Contribution

Candidate Name

**LOIS J FRANKEL**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269842**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. MARCIA L. FUDGE FOR CONGRESS COMMITTEE**Mailing Address 23811 Chagrin Blvd.  
Suite LL55

City	State	Zip Code
Beachwood	OH	44122

Purpose of Disbursement  
Contribution

Candidate Name

**MARCIA L FUDGE**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269899**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. MATSUI FOR CONGRESS**Mailing Address 236 Massachusetts Avenue, NE  
#603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

**DORIS MATSUI**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269869**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. MIKE HONDA FOR CONGRESS**

Mailing Address P.O. Box 110188

City Campbell State CA Zip Code 95011

Purpose of Disbursement  
Contribution

Candidate Name

**MIKE HONDA**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269870**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. MULLEN FOR INDIANA**

Mailing Address P.O. Box 11665

City South Bend State IN Zip Code 46634

Purpose of Disbursement  
Contribution

Candidate Name

**BRENDAN MULLEN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269848**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. NITA LOWEY FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 271

City	State	Zip Code
White Plains	NY	10605

**Transaction ID : SB23.269898**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**NITA M LOWEY**Category/  
Type

1000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 18

Full Name (Last, First, Middle Initial)

**B. NOLAN FOR CONGRESS VOLUNTEER COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address P.O. Box 1041

City	State	Zip Code
Brainerd	MN	56401

**Transaction ID : SB23.269852**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**RICHARD MICHAEL NOLAN**Category/  
Type

5000.00

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MN District: 08

Full Name (Last, First, Middle Initial)

**C. OPPORTUNITY AND RENEWAL PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 122 C Street NW  
Suite 505

City	State	Zip Code
Washington	DC	20001

**Transaction ID : SB23.269942**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼ PAC

State: District:

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PASCRELL FOR CONGRESS INC.**

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement  
Contribution

011

Candidate Name

**WILLIAM J JR PASCRELL**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269894**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. PASTOR FOR ARIZONA COMMITTEE**

Mailing Address P.O. Box 1978

City	State	Zip Code
Phoenix	AZ	85001

Purpose of Disbursement  
Contribution

011

Candidate Name

**ED L PASTOR**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269868**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PETERSON FOR CONGRESS**

Mailing Address P.O. Box 265

City	State	Zip Code
Detroit Lakes	MN	56502

Purpose of Disbursement  
Contribution

011

Candidate Name

**COLLIN C PETERSON**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269888**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. PROGRESSIVE VOTERS OF AMERICA PAC**

Mailing Address P.O. Box 852

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269943**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. PROTECTING OUR VOTE PAC**Mailing Address 700 13th Street NW  
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269944**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. ROB WALLACE FOR CONGRESS 2012**

Mailing Address P.O. Box 24

City	State	Zip Code
Fort Gibson	OK	74434

Purpose of Disbursement  
Contribution

Candidate Name

**JAMES R WALL**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WI District: 08

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2012

**Transaction ID : SB23.269863**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. RUBEN HINOJOSA FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address 4403 W. Military Highway  
Suite 710

City McAllen State TX Zip Code 78503

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269903**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**RUBEN E. HINOJOSA**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 15

Full Name (Last, First, Middle Initial)

**B. RUSH HOLT FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address P.O. Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269892**

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**RUSH HOLT**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 12

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

Mailing Address P.O Box 1318

City Deerfield State IL Zip Code 60015

Purpose of Disbursement  
Contribution

011

**Transaction ID : SB23.269911**

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

**BRADLEY S SCHNEIDER**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 10

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SCOTT ELLINGTON FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Mailing Address P.O. Box 4095

City	State	Zip Code
Jonesboro	AR	72403

**Transaction ID : SB23.269828**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**SCOTT A ELLINGTON**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AR District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**B. SHELLEY ADLER FOR CONGRESS**

Mailing Address 200 Laurel Creek Boulevard

City	State	Zip Code
Moorestown	NJ	08057

**Transaction ID : SB23.269866**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**SHELLEY ADLER**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**C. SIRES FOR CONGRESS**

Mailing Address P.O. Box 300

City	State	Zip Code
West New York	NJ	07093

**Transaction ID : SB23.269893**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**ALBIO SIRES**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NJ District: 13

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. SUSAN DAVIS FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 84049

City	State	Zip Code
San Diego	CA	92138

**Transaction ID : SB23.269872**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**SUSAN A DAVIS**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 53

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. SYNERGY PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address 6849 Old Dominion Drive  
Suite 222

City	State	Zip Code
Mc Lean	VA	22101

**Transaction ID : SB23.269938**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: PAC

1500.00
---------

Full Name (Last, First, Middle Initial)

**C. TERRI SEWELL FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Mailing Address P.O. Box 1964

City	State	Zip Code
Birmingham	AL	35201

**Transaction ID : SB23.269867**Purpose of Disbursement  
Contribution

011

Amount of Each Disbursement this Period

Candidate Name

**TERRI A. SEWELL**Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: AL District: 07

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN**Mailing Address 1519 Washington Street  
Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
Contribution

Candidate Name

**HENRY R. CUELLAR**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269905**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. THE NIKI TSONGAS COMMITTEE**

Mailing Address P.O. Box 1454

City Lowell State MA Zip Code 01853

Purpose of Disbursement  
Contribution

Candidate Name

**NICOLA S TSONGAS**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

**Transaction ID : SB23.269885**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. THE REYES COMMITTEE, INC.**

Mailing Address 1011 Montana

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
Contribution

Candidate Name

**SILVESTRE REYES**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SB23.269952**

Amount of Each Disbursement this Period

-2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TIM RYAN FOR CONGRESS**

Mailing Address 1600 Roosevelt Avenue

City Niles	State OH	Zip Code 44446
---------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**TIMOTHY J. RYAN**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269900**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TULSI GABBARD-DEMOCRAT FOR CONGRESS**

Mailing Address P.O. Box 75561

City Kapolei	State HI	Zip Code 96707
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

011

Candidate Name

**TULSI GABBARD**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269946**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. TULSI GABBARD-DEMOCRAT FOR CONGRESS**

Mailing Address P.O. Box 75561

City Kapolei	State HI	Zip Code 96707
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution/Debt Reduction

011

Candidate Name

**TULSI GABBARD**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269949**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. WALL FOR CONGRESS**

Mailing Address P.O. Box 1145

City	State	Zip Code
Green Bay	WI	54305

Purpose of Disbursement  
Contribution

Candidate Name

**JAMES R WALL**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WI	District: 08

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

**Transaction ID : SB23.269862**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. WELCH FOR CONGRESS**

Mailing Address P.O. Box 1682

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement  
Contribution

Candidate Name

**PETER WELCH**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: VT	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269906**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. YARMUTH FOR CONGRESS**

Mailing Address 1815 Brownsboro Road

City	State	Zip Code
Louisville	KY	40206

Purpose of Disbursement  
Contribution

Candidate Name

**JOHN A MR YARMUTH**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KY	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

**Transaction ID : SB23.269881**

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00
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207000.00
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**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 615 OF 628

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.269663

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E****LOAN SOURCE** Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 275 7th Avenue

City New York

State NY

ZIP Code 10001

Original Amount of Loan

3500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500000.00

**TERMS**

Date Incurred

M M M / D D D / Y Y Y Y Y Y  
09 / 28 / 2012

Date Due

M M M / D D D / Y Y Y Y Y Y  
/ / /

03/31/2014

Interest Rate

4.25

% (apr)

Secured:

☒ Yes☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3500000.00

**TOTALS** This Period (last page in this line only)..... ►

3500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X)

## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

 Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		Transaction ID : <b>SC/10.269663.SC1</b>		<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00011114	
<b>LENDING INSTITUTION (LENDER)</b> Full Name <b>AMALGAMATED BANK</b>		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">5000000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">4.25 %</div>	
Mailing Address 275 7th Avenue		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">03 / 21 / 2012</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">03/31/2014</div>	
City State Zip Code New York NY 10001		Back Ref <b>SC/10.269663</b>			
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">3500000.00</div> Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">3500000.00</div>					
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: Cash deposits <div style="float: right; width: 30%;">           What is the value of this collateral?  <div style="border: 1px solid black; padding: 2px; text-align: right;">1000000.00</div>           Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes         </div>					
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, specify: <div style="float: right; width: 30%;">           What is the estimated value?  <div style="border: 1px solid black; padding: 2px; text-align: right;">5000000.00</div> </div> <div style="clear: both;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Borrower's income/revenue based on its rights to receive member check-off contributions &amp; donations             A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).             Date account established:  <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY 03 / 15 / 2001</div> </div> <div style="width: 45%;">           Location of account:  <b>AMALGAMATED BANK</b>             Address: 275 7th Avenue             City, State, Zip: <b>New York NY 10001</b> </div> </div>					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name <b>LAURA REYES</b> Signature _____				DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY 10 / 24 / 2012</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name <b>LUCY NAZIANZENO</b> Signature <b>LUCY NAZIANZENO</b>				DATE <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY 09 / 28 / 2012</div>	
Title <b>VICE PRESIDENT</b>					



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 617 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">899469.33</span> </div>
City Chicago State IL Zip Code 60610		
Purpose of Expenditure TV Ad - 'Washington Change Us'	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">899469.33</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">M M</span> / <span style="border: 1px solid black; padding: 0 5px;">D D</span> / <span style="border: 1px solid black; padding: 0 5px;">Y Y Y Y Y Y</span> </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">47375.00</span> </div>
City Chicago State IL Zip Code 60610		
Purpose of Expenditure ONLINE AD	Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: TOMMY G THOMPSON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">152092.45</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;">946844.33</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 0 5px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 618 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date MM / DD / YYYY <b>09 / 04 / 2012</b>
Mailing Address 222 West Ontario Street Suite 600		Amount <b>18700.00</b>
City Chicago	State IL	
Purpose of Expenditure Production Cost - 'Washington Change Us'	Category/ Type <b>004</b>	Transaction ID : <b>SE.266960</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>TOMMY G THOMPSON</b>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WI</b> District: <b>00</b>
Calendar Year-To-Date Per Election for Office Sought <b>918169.33</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date MM / DD / YYYY <b>09 / 12 / 2012</b>
Mailing Address 222 West Ontario Street Suite 600		Amount <b>520260.00</b>
City Chicago	State IL	
Purpose of Expenditure TV Ad - 'It Didn't Take Long'	Category/ Type <b>004</b>	Transaction ID : <b>SE.266957</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>JAMES B RENACCI</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>OH</b> District: <b>16</b>
Calendar Year-To-Date Per Election for Office Sought <b>520260.00</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>538960.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 619 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>		

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           11500.00         </div>
City Chicago State IL Zip Code 60610	<b>Transaction ID : SE.266958</b>	
Purpose of Expenditure Production Costs - 'It Didn't Take Long'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">531760.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           9425.00         </div>
City Chicago State IL Zip Code 60610	<b>Transaction ID : SE.266959</b>	
Purpose of Expenditure Online Ad - 'It Didn't Take Long'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">541185.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">20925.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 620 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 19 / 2012         </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           71205.00         </div>
City Chicago State IL Zip Code 60610		
Purpose of Expenditure TV Ads '17 Days'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA LINGLE		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">71205.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269613

Full Name (Last, First, Middle Initial) of Payee <b>ADELSTEIN LISTON</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 27 / 2012         </div>
Mailing Address 222 West Ontario Street Suite 600		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           784144.65         </div>
City Chicago State IL Zip Code 60610		
Purpose of Expenditure TV Ad 'Flight'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1348881.68</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269659

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">855349.65</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 621 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>MACK CROUNSE GROUP, LLC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address 2001 N. Beauregard Street Suite 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         23552.03       </div>
City Alexandria State VA Zip Code 22311		
Purpose of Expenditure Mail Piece 'Taxes 3'	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">564737.03</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>MACK CROUNSE GROUP, LLC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">09</span> / <span style="border: 1px solid black; padding: 2px;">28</span> / <span style="border: 1px solid black; padding: 2px;">2012</span> </div>
Mailing Address 2001 N. Beauregard Street Suite 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">         23552.03       </div>
City Alexandria State VA Zip Code 22311		
Purpose of Expenditure Mail Piece 'Taxes 4'	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">1372433.71</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47104.06</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

[Electronically Filed]

Date

10 / 24 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 622 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>MACK CROUNSE GROUP, LLC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> </div>
Mailing Address 2001 N. Beauregard Street Suite 420		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">23552.03</span> </div>
City Alexandria State VA Zip Code 22311		
Purpose of Expenditure Mail Piece 'Taxes 5'	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16
Name of Federal Candidate Supported or Opposed by Expenditure: JAMES B RENACCI		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">1395985.74</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee <b>MISSION CONTROL, INC</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">M M M</span> / <span style="border: 1px solid black; padding: 2px;">D D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y Y Y</span> </div>
Mailing Address 114 A Mansfield Hollow Road		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">110993.47</span> </div>
City Mansfield Center State CT Zip Code 06250		
Purpose of Expenditure Mailer: The Belt, Wrestling Poster, Action Figure	Category/Type <span style="border: 1px solid black; padding: 2px;">006</span>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: LINDA MCMAHON		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">110993.47</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">134545.50</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 623 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>MISSION CONTROL, INC</b>		Date MM / DD / YYYY <b>09 / 28 / 2012</b>
Mailing Address <b>114 A Mansfield Hollow Road</b>		Amount <b>148027.96</b>
City <b>Mansfield Center</b>	State <b>CT</b>	Zip Code <b>06250</b>
Purpose of Expenditure Mailer: Weren't A Concern, His Job, 6 million, 10%	Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <b>CT</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>LINDA MCMAHON</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>259021.43</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.269680

Full Name (Last, First, Middle Initial) of Payee <b>ONE STOP BUSINESS SOLUTIONS, LLC</b>		Date MM / DD / YYYY <b>09 / 27 / 2012</b>
Mailing Address <b>16112 NW 13th Avenue</b> <b>#A</b>		Amount <b>321.00</b>
City <b>Miami</b>	State <b>FL</b>	Zip Code <b>33169</b>
Purpose of Expenditure Signs for Florida Rally	Category/Type <b>006</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: <b>FL</b> District: <b>00</b>
Name of Federal Candidate Supported or Opposed by Expenditure: <b>MITT ROMNEY</b>		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>321.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Transaction ID : SE.269668

(a) SUBTOTAL of Itemized Independent Expenditures.....	<b>148348.96</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 624 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>RED HORSE STRATEGIES</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 24 / 2012         </div>
Mailing Address 55 WASHINGTON STREET SUITE 624		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           262500.00         </div>
City BROOKLYN	State NY	
Purpose of Expenditure Canvassing (NY)	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 18
Name of Federal Candidate Supported or Opposed by Expenditure: NAN HAYWORTH		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">262500.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269628

Full Name (Last, First, Middle Initial) of Payee <b>SHORR JOHNSON MAGNUS</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 17 / 2012         </div>
Mailing Address 1831 Chestnut Street 6th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           8146.17         </div>
City Philadelphia	State PA	
Purpose of Expenditure Production Costs 'Rooster'	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH JR COORS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">246639.97</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.268929

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">270646.17</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

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 10 / 24 / 2012



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 625 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 04 / 2012         </div>
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           104717.45         </div>
City Philadelphia	State PA Zip Code 19103	
Purpose of Expenditure Radio - 'Mortgages'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">104717.45</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.265178

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 05 / 2012         </div>
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           47207.75         </div>
City Philadelphia	State PA Zip Code 19103	
Purpose of Expenditure Online Ads	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">199300.20</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.265188

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">151925.20</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

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Date

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 626 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 05 / 2012         </div>	
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1090824.80         </div>	
City Philadelphia	State PA	Zip Code 19103	Transaction ID : <b>SE.265397</b>
Purpose of Expenditure TV - 'Side 2'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	
Name of Federal Candidate Supported or Opposed by Expenditure: DEAN HELLER		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           1290125.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y            09 / 25 / 2012         </div>	
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           800000.00         </div>	
City Philadelphia	State PA	Zip Code 19103	Transaction ID : <b>SE.269636</b>
Purpose of Expenditure TV & Online ads 'The Man'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 07	
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL E. LUNGREN		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">           800000.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1890824.80</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2012

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 627 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00011114         </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y  <b>09 / 25 / 2012</b> </div>
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           209000.00         </div>
City Philadelphia	State PA Zip Code 19103	
Purpose of Expenditure TV & Online ads 'Struggling'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: DANIEL J BENISHEK		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">209000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269643

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           M M / D D / Y Y Y Y Y Y  <b>09 / 27 / 2012</b> </div>
Mailing Address 1600 Locust Street		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           500000.00         </div>
City Philadelphia	State PA Zip Code 19103	
Purpose of Expenditure Radio TV & Online ads 'Republicans'	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input type="checkbox"/> House State: OH <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">500000.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269654

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">709000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y  
**10 / 24 / 2012**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 628 OF 628  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee <b>THE CAMPAIGN GROUP</b>		Date MM / DD / YYYY <b>09 / 27 / 2012</b>
Mailing Address 1600 Locust Street		Amount <b>500000.00</b>
City Philadelphia	State PA	Zip Code 19103
Purpose of Expenditure Radio TV & Online ads 'Republicans'	Category/ Type <b>004</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: VA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>500000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.269655

Full Name (Last, First, Middle Initial) of Payee <b>WATERFRONT STRATEGIES</b>		Date MM / DD / YYYY <b>09 / 17 / 2012</b>
Mailing Address 3050 K Street NW Suite 100		Amount <b>238493.80</b>
City Washington	State DC	Zip Code 20007
Purpose of Expenditure TV ads 'Rooster'	Category/ Type <b>004</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07
Name of Federal Candidate Supported or Opposed by Expenditure: JOSEPH JR COORS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <b>238493.80</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶

Transaction ID : SE.268915

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>738493.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>6452967.47</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

LAURA REYES

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 24 / 2012**