

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2011 through 01 31 2011

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

Type or Print Name of Treasurer LEE A. SAUNDERS

Signature of Treasurer Electronically Filed by LEE A. SAUNDERS Date 02 18 2011

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		913811.89
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	913811.89									
(c) Total Receipts (from Line 19) .....	469027.57	469027.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1382839.46	1382839.46								
7. Total Disbursements (from Line 31) .....	152585.60	152585.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1230253.86	1230253.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1145834.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	3657.73	3657.73
(ii) Unitemized .....	465019.93	465019.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	468677.66	468677.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	468677.66	468677.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	349.91	349.91
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	469027.57	469027.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	469027.57	469027.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4919.60	4919.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	4919.60	4919.60
22. Transfers to Affiliated/Other Party Committees.....	26000.00	26000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	17500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	104166.00	104166.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	152585.60	152585.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	152585.60	152585.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	468677.66	468677.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	468677.66	468677.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4919.60	4919.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4919.60	4919.60

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.195282		
	City Orlando	State FL	Zip Code 32812	Amount of Each Receipt this Period 100.08	
	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 ▼ 200.16			

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL R. BOOTH		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 3724 Benton Street NW		Transaction ID: SA11AI.195287		
	City Washington	State DC	Zip Code 20007-1803	Amount of Each Receipt this Period 193.84	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 387.68			

<b>C.</b>	Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS		Date of Receipt MM / DD / YYYY 01 / 31 / 2011		
	Mailing Address 9013 Advantage Court		Transaction ID: SA11AI.195297		
	City Burke	State VA	Zip Code 22003	Amount of Each Receipt this Period 121.54	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation DIRECTOR, CONFERENCE AND TRAVEL SVCS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.08			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	415.46
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt
	Mailing Address 18491 Lauder		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 1 9 / 2 0 1 1
	City	State	Zip Code
	Detroit	MI	48235-2738
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.195606
		Amount of Each Receipt this Period	<input type="text"/> 124.04
Name of Employer AFSCME MI CN 25		Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 248.08

<b>B.</b>	Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt
	Mailing Address 18491 Lauder		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Detroit	MI	48235-2738
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.195508
		Amount of Each Receipt this Period	<input type="text"/> 14.00
Name of Employer AFSCME MI CN 25		Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 262.08

<b>C.</b>	Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr.		Date of Receipt
	Mailing Address 75 Varick Street Suite #1404		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	City	State	Zip Code
	New York	NY	10013-9902
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.195509
		Amount of Each Receipt this Period	<input type="text"/> 14.00
Name of Employer AFSCME NY CN 1707		Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 205.52

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 152.04
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVE GRETSUK		Date of Receipt	
	Mailing Address 7803 Desiree Street		M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.195335
	Alexandria	VA	22315	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		79.55	
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 ▼ 259.10		

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES JURGONIS		Date of Receipt	
	Mailing Address 11704 Bobs Ford Road		M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.195371
	Fairfax	VA	22030	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		159.10	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, FINANCIAL SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 318.20		

<b>C.</b>	Full Name (Last, First, Middle Initial) ELISSA MCBRIDE		Date of Receipt	
	Mailing Address 9 Sherman Avenue		M M / D D / Y Y Y Y Y 0 1 / 3 1 / 2 0 1 1	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.195395
	Takoma Park	MD	20912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		106.25	
Name of Employer AFSCME INT'L		Occupation DIRECTOR, EDUCATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	344.90
<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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 21  
(check only one)  
 11a    11b    11c    12  
 13    14    15    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><b>A.</b> Full Name (Last, First, Middle Initial) GERALD MCENTEE</p> <p>Mailing Address 800 25th Street NW Apt. #406</p> <p>City State Zip Code <b>Washington DC 20037-2207</b></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 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">323.06</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td></td> <td style="text-align: center;">3 1</td> <td></td> <td style="text-align: center;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.195400</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">161.53</span></p>	M M	/	D D	/	Y Y Y Y	0 1		3 1		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 1		3 1		2 0 1 1							

<p><b>B.</b> Full Name (Last, First, Middle Initial) JAMES E. NICKELS</p> <p>Mailing Address P.O. Box 6564</p> <p>City State Zip Code <b>North Little Rock AR 72124</b></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 AR CN 38 ATTORNEY</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;">720.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td></td> <td style="text-align: center;">0 7</td> <td></td> <td style="text-align: center;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.195052</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">720.00</span></p>	M M	/	D D	/	Y Y Y Y	0 1		0 7		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 1		0 7		2 0 1 1							

<p><b>C.</b> Full Name (Last, First, Middle Initial) SANDRA K. OLESON</p> <p>Mailing Address 10009 Rio San Diego Drive Apt. #171</p> <p>City State Zip Code <b>San Diego CA 92108-5643</b></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 CA LOC 1199 STAFF 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;">260.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 1</td> <td></td> <td style="text-align: center;">2 6</td> <td></td> <td style="text-align: center;">2 0 1 1</td> </tr> </table> </p> <p><b>Transaction ID:</b> SA11AI.195053</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">260.00</span></p>	M M	/	D D	/	Y Y Y Y	0 1		2 6		2 0 1 1
M M	/	D D	/	Y Y Y Y							
0 1		2 6		2 0 1 1							

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1141.53</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: PAGE 10 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) WILLIAM R. PALMQUIST		Date of Receipt MM / DD / YYYY 01 / 21 / 2011
Mailing Address 733 37th Avenue		Transaction ID: SA11AI.195774
City Seattle	State WA	Zip Code 98122
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 302.89
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 ▼ 302.89	

**B.**

Full Name (Last, First, Middle Initial) RONNIE D PETERSON		Date of Receipt MM / DD / YYYY 01 / 31 / 2011
Mailing Address 1146 Rue Willette Blvd.		Transaction ID: SA11AI.195423
City Ypsilanti	State MI	Zip Code 48198
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 134.46
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.92	

**C.**

Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt MM / DD / YYYY 01 / 19 / 2011
Mailing Address 13084 Lia Court		Transaction ID: SA11AI.195627
City Lindon	State MI	Zip Code 48451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 112.51
Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.02	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	549.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 21  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt MM / DD / YYYY 01 / 31 / 2011
Mailing Address 13084 Lia Court		Transaction ID: SA11AI.195528
City Lindon	State MI	Zip Code 48451
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.02	

**B.**

Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA		Date of Receipt MM / DD / YYYY 01 / 31 / 2011
Mailing Address 4771 Powderhorn Lane		Transaction ID: SA11AI.195529
City Westerville	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
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 ▼ 214.00	

**C.**

Full Name (Last, First, Middle Initial) LEE A. SAUNDERS		Date of Receipt MM / DD / YYYY 01 / 31 / 2011
Mailing Address 7510 Alaska Avenue NW		Transaction ID: SA11AI.195439
City Washington	State DC	Zip Code 20012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 129.22
Name of Employer AFSCME INT'L	Occupation SECRETARY TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	213.22
<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	FOR LINE NUMBER: (check only one)	PAGE 12 / 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) MARY E. SULLIVAN	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address 61 Woodside Drive	<b>Transaction ID:</b> SA11AI.195652
	City Albany State NY Zip Code 12208-1157	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME NY LOC 1000 Occupation EXECUTIVE VICE PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART	Date of Receipt MM / DD / YYYY 01 / 31 / 2011
	Mailing Address 12001 Market Street Unit 450	<b>Transaction ID:</b> SA11AI.195463
	City Reston State VA Zip Code 20190	Amount of Each Receipt this Period 110.56
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.12	

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN H. THOMPSON	Date of Receipt MM / DD / YYYY 01 / 12 / 2011
	Mailing Address 110 East Meyer	<b>Transaction ID:</b> SA11AI.195051
	City New Castle State PA Zip Code 16105	Amount of Each Receipt this Period 416.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME PA CN 13/NSP NESHA-NNCK Occupation FOREMAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>551.56</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) FLORA M. WALKER		Date of Receipt
	Mailing Address 2492 Ram Crossingway		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Henderson	NV	89074
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.195470
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 141.66
		<input type="text"/> 283.32	

<b>B.</b>	Full Name (Last, First, Middle Initial) JESSICA WEINSTEIN		Date of Receipt
	Mailing Address 2112 New Hampshire Avenue NW Apt #405		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 1 / 3 1 / 2 0 1 1
	City	State	Zip Code
	Washington	DC	20009
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.195476
Name of Employer AFSCME INT'L		Occupation ASSISTANT TO THE PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 147.50
		<input type="text"/> 295.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 289.16
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 3657.73

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 21	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt
	Mailing Address 275 7th Avenue		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SA17.195050 Amount of Each Receipt this Period <input type="text" value="349.91"/> Interest Income 1/31/11	
Aggregate Year-to-Date ▼		<input type="text" value="349.91"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="349.91"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="349.91"/>

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

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

FOR LINE NUMBER: (check only one)

PAGE 15 / 21

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

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NAME OF COMMITTEE (In Full)

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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMALGAMATED BANK LOANS</b>  Mailing Address P.O. Box 5660  City Hicksville State NY Zip Code 11802-5660  Purpose of Disbursement Interest payment 1/14/11 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.194932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 4840.28
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>  Mailing Address P.O. Box 53852  City Phoenix State AZ Zip Code 85072-3852  Purpose of Disbursement Mechant Service Charges 1/14/11 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.194934 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 4 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 0.30
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>  Mailing Address P.O. Box 53852  City Phoenix State AZ Zip Code 85072-3852  Purpose of Disbursement Mechant Service Charges 1/19/11 Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.194935 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 1	<b>Amount of Each Disbursement this Period</b> 2.03

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

4842.61

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 21

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BART GROUP

Mailing Address 171 Main Street

City  
Port Washington

State Zip Code  
NY 11050

Purpose of Disbursement  
Merchant Service Charges 1/5/11

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.194936

Date of Disbursement

01 / 05 / 2011

Amount of Each Disbursement this Period

76.99

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

76.99

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

4919.60



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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial)  
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.194937

Date of Disbursement

01 / 13 / 2011

Amount of Each Disbursement this Period

10000.00

**B.** Full Name (Last, First, Middle Initial)  
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Candidate Name

008  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB22.194938

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

16000.00

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

26000.00

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

26000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 21

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK LOANS

Mailing Address P.O. Box 5660

City Hicksville State NY Zip Code 11802-5660

Purpose of Disbursement  
Principal Payment on loan

Candidate Name

009  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.194933

Date of Disbursement

01 / 18 / 2011

Amount of Each Disbursement this Period

104166.00

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

104166.00

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

104166.00

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

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

**LOANS**

NAME OF COMMITTEE (In Full)  
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E  
**Transaction ID: SC/10.178222**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 275 7th Avenue		
City New York	State NY	ZIP Code 10001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500000.00	854166.00	645834.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 18 Y Y Y Y 2010	12/31/2011	4.25 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	▶	645834.00
<b>TOTALS</b> This Period (last page in this line only) .....	▶	[ ]
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

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

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

**LOANS**

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

Transaction ID: SC/10.182783

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
AMALGAMATED BANK

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 275 7th Avenue

City New York State NY ZIP Code 10001

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

**TERMS**

Date Incurred: MM DD YY Y Y Y Y (10 22 2010)  
Date Due: 12/31/2011  
Interest Rate: 4.25 % (apr)  
Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional) .....	500000.00
<b>TOTALS</b> This Period (last page in this line only) .....	1145834.00

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