

**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 &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

C00011114

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2011

through

03

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

04

20

2011

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

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  
0 3D D  
0 1Y Y Y Y  
2 0 1 1

To:

M M  
0 3D D  
3 1Y Y Y Y  
2 0 1 1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		913811.89
(b) Cash on Hand at Beginning of Reporting Period .....	1770219.70	
(c) Total Receipts (from Line 19) .....	709458.10	1905031.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2479677.80	2818843.81
7. Total Disbursements (from Line 31) .....	610040.09	949206.10
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1869637.71	1869637.71
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) .....	937502.00	

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

### For further information contact:

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

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

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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	W	Y
0	3	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	W	Y
0	3	3	1	2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	36143.30	55802.11
(ii) Unitemized .....	672692.96	1750000.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	708836.26	1805802.92
(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) .....	708836.26	1805802.92
12. Transfers From Affiliated/Other Party Committees .....	0.00	96129.65
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1640.61
17. Other Federal Receipts (Dividends, Interest, etc.) .....	621.84	1458.74
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)) .....	709458.10	1905031.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	709458.10	1905031.92

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	7374.09	16696.55	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7374.09	16696.55	
22. Transfers to Affiliated/Other Party Committees.....	275000.00	379000.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	223500.00	241000.00	
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	312498.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	11.55	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	11.55	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	610040.09	949206.10	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	610040.09	949206.10	

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) .....	708836.26	1805802.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	11.55
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	708836.26	1805791.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7374.09	16696.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	7374.09	16696.55

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

FOR LINE NUMBER: PAGE 6 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

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

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

301.40

Date of Receipt

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

Transaction ID: SA11AI.197379

Amount of Each Receipt this Period

60.28

**B.**

Full Name (Last, First, Middle Initial)

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

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

361.68

Date of Receipt

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

Transaction ID: SA11AI.197591

Amount of Each Receipt this Period

60.28

**C.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

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:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: SA11AI.198782

Amount of Each Receipt this Period

42.00

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

162.56

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 7 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198783

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

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

Transaction ID: SA11AI.197985

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

CANDACE M. ACORD

Mailing Address 9 Appollo Place

City

Iowa City

State

IA

Zip Code

52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DOCS

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  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198923

Amount of Each Receipt this Period

25.00

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

81.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ADAM ACOSTA

Mailing Address 66 La Perla

City

Foothill Ranch

State

CA

Zip Code

92610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

POLITICAL ACTION REPRESENTATIVE III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.60

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198760

Amount of Each Receipt this Period

67.32

**B.**

Full Name (Last, First, Middle Initial)

ABIOLA AFOLAYAN

Mailing Address 2341 Farflund Drive

City

St. Louis

State

MO

Zip Code

63031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198761

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DIANN ALBRIGHT

Mailing Address 2405 South Fourth Sreet

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.82

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198025

Amount of Each Receipt this Period

68.94

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

186.26

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

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

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

FOR LINE NUMBER: PAGE 9 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SHANA ALDERTON

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.87

Date of Receipt

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

Transaction ID: SA11AI.197862

Amount of Each Receipt this Period

38.11

**B.**

Full Name (Last, First, Middle Initial)

ARYEH ALEX

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198398

Amount of Each Receipt this Period

46.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON J. ALEXANDER

Mailing Address 12510 Chalford Lane

City

Bowie

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.29

Date of Receipt

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

Transaction ID: SA11AI.197592

Amount of Each Receipt this Period

39.05

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

123.16

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

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

FOR LINE NUMBER: PAGE 10 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.197986

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.00

Date of Receipt

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

Transaction ID: SA11AI.198784

Amount of Each Receipt this Period

109.00

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197382

Amount of Each Receipt this Period

52.50

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

175.50

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

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

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

FOR LINE NUMBER: PAGE 11 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
CAROL A ANDERSON

Mailing Address 303 Dias Drive

City State Zip Code  
Fort Washington MD 20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197594

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL ANDREJCO

Mailing Address 5075 Pajabon Drive  
#201

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198026

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)  
DAVID ANTLE

Mailing Address P.O. Box 1093

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198027

Amount of Each Receipt this Period

114.54

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

237.38

**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 12 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.98

Date of Receipt

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

Transaction ID: SA11AI.197384

Amount of Each Receipt this Period

43.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street NW

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.98

Date of Receipt

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

Transaction ID: SA11AI.197596

Amount of Each Receipt this Period

43.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C. BADGER, II

Mailing Address P.O. Box 2825

City

Appleton

State

WI

Zip Code

54912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.198981

Amount of Each Receipt this Period

110.00

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

196.00

**TOTAL** This Period (last page this line number 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 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

292.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198718

Amount of Each Receipt this Period

63.42

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197386

Amount of Each Receipt this Period

47.31

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197598

Amount of Each Receipt this Period

47.31

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

158.04

**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 14 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN BARKULIS

Mailing Address 9051 Southwest Blvd.  
#P

City State Zip Code  
Jefferson MO 65109

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 ▼

206.69

Date of Receipt

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

Transaction ID: SA11AI.197387

Amount of Each Receipt this Period

39.34

**B.**

Full Name (Last, First, Middle Initial)

SUSAN BARKULIS

Mailing Address 9051 Southwest Blvd.  
#P

City State Zip Code  
Jefferson MO 65109

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 ▼

246.03

Date of Receipt

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

Transaction ID: SA11AI.197599

Amount of Each Receipt this Period

39.34

**C.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City State Zip Code  
Grosse Pointe Park MI 48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.76

Date of Receipt

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

Transaction ID: SA11AI.197388

Amount of Each Receipt this Period

78.75

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

157.43

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

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

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

FOR LINE NUMBER: PAGE 15 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

472.51

Date of Receipt

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

Transaction ID: SA11AI.197600

Amount of Each Receipt this Period

78.75

**B.**

Full Name (Last, First, Middle Initial)

FATIMA A BASTIANELLI

Mailing Address 5604 Vernon Place

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.38

Date of Receipt

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

Transaction ID: SA11AI.197601

Amount of Each Receipt this Period

37.23

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. BAUER

Mailing Address 23 Valley Forge Lane

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

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

Transaction ID: SA11AI.197915

Amount of Each Receipt this Period

86.02

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

202.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA BAUER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.90

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198030

Amount of Each Receipt this Period

97.22

**B.**

Full Name (Last, First, Middle Initial)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.64

Date of Receipt

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

Transaction ID: SA11AI.198928

Amount of Each Receipt this Period

117.32

**C.**

Full Name (Last, First, Middle Initial)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.64

Date of Receipt

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

Transaction ID: SA11AI.197987

Amount of Each Receipt this Period

28.00

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

242.54

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

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

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

FOR LINE NUMBER: PAGE 17 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

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 ▼

372.34

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198719

Amount of Each Receipt this Period

88.80

**B.**

Full Name (Last, First, Middle Initial)

MARTIN BEIL

Mailing Address 10363 Hudson Road

City

Mazomanie

State

WI

Zip Code

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 ▼

278.70

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.198965

Amount of Each Receipt this Period

92.90

**C.**

Full Name (Last, First, Middle Initial)

CHARLES BENN

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198031

Amount of Each Receipt this Period

97.22

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

278.92

**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 18 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAULA BENTLEY

Mailing Address 3701 Oakview Drive

City

Orlando

State

FL

Zip Code

32812

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 ▼

515.43

Date of Receipt

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

Transaction ID: SA11AI.197391

Amount of Each Receipt this Period

103.09

**B.**

Full Name (Last, First, Middle Initial)

PAULA BENTLEY

Mailing Address 3701 Oakview Drive

City

Orlando

State

FL

Zip Code

32812

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 ▼

618.52

Date of Receipt

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

Transaction ID: SA11AI.197603

Amount of Each Receipt this Period

103.09

**C.**

Full Name (Last, First, Middle Initial)

WALTER BLAIR

Mailing Address 2223 Wintergreen Avenue

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.27

Date of Receipt

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

Transaction ID: SA11AI.197393

Amount of Each Receipt this Period

43.45

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

249.63

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

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

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

FOR LINE NUMBER: PAGE 19 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WALTER BLAIR

Mailing Address 2223 Wintergreen Avenue

City

District Heights

State

MD

Zip Code

20747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.72

Date of Receipt

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

Transaction ID: SA11AI.197605

Amount of Each Receipt this Period

43.45

**B.**

Full Name (Last, First, Middle Initial)

KAREN BLOOMINGDALE

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 ▼

211.88

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198032

Amount of Each Receipt this Period

70.84

**C.**

Full Name (Last, First, Middle Initial)

BARRY BOGARDE

Mailing Address 4303 Vermont Court

City

Harrisburg

State

PA

Zip Code

17112-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

331.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198033

Amount of Each Receipt this Period

110.54

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

224.83

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

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

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

FOR LINE NUMBER: PAGE 20 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

998.27

Date of Receipt

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

Transaction ID: SA11AI.197395

Amount of Each Receipt this Period

199.65

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

1197.92

Date of Receipt

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

Transaction ID: SA11AI.197607

Amount of Each Receipt this Period

199.65

**C.**

Full Name (Last, First, Middle Initial)

BENJAMIN BORGES-HERNANDEZ

Mailing Address Paseo De Palma Real  
Buzon 185

City

Juncos

State

PR

Zip Code

00777-0000

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 ▼

229.73

Date of Receipt

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

Transaction ID: SA11AI.197608

Amount of Each Receipt this Period

38.29

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

437.59

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

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

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

FOR LINE NUMBER: PAGE 21 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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

ASSISTANT DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.05

Date of Receipt

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

Transaction ID: SA11AI.197397

Amount of Each Receipt this Period

48.41

**B.**

Full Name (Last, First, Middle Initial)

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

ASSISTANT DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.46

Date of Receipt

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

Transaction ID: SA11AI.197609

Amount of Each Receipt this Period

48.41

**C.**

Full Name (Last, First, Middle Initial)

CAROL BOWSHIER

Mailing Address 159 East Main Street

City

Mt. Sterling

State

OH

Zip Code

43143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: SA11AI.198365

Amount of Each Receipt this Period

72.00

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

168.82

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

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

CAROL BOWSHIER

Mailing Address 159 East Main Street

City

Mt. Sterling

State

OH

Zip Code

43143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198402

Amount of Each Receipt this Period

72.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM BRENNER

Mailing Address 3300 Old Trail Road

City

York Haven

State

PA

Zip Code

17370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.82

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198035

Amount of Each Receipt this Period

84.94

**C.**

Full Name (Last, First, Middle Initial)

BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198969

Amount of Each Receipt this Period

30.00

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

186.94

**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

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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

**A.**

Full Name (Last, First, Middle Initial)

CARTER A BUNDY

Mailing Address 1968 Otowi Drive

City

Santa Fe

State

NM

Zip Code

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 ▼

234.90

Date of Receipt

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

Transaction ID: SA11AI.197611

Amount of Each Receipt this Period

39.15

**B.**

Full Name (Last, First, Middle Initial)

JUSTIN H. BURCHARD

Mailing Address 1650 Harvard Street NW  
Apt #714

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL RESEARCH ANALYST II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.16

Date of Receipt

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

Transaction ID: SA11AI.197612

Amount of Each Receipt this Period

33.36

**C.**

Full Name (Last, First, Middle Initial)

PATRICK J BURKE

Mailing Address 2700 Connecticut Avenue  
#707

City

Washington

State

DC

Zip Code

20008

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 ▼

201.15

Date of Receipt

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

Transaction ID: SA11AI.197401

Amount of Each Receipt this Period

40.23

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

112.74

**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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FOR LINE NUMBER: PAGE 24 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PATRICK J BURKE

Mailing Address 2700 Connecticut Avenue  
#707

City State Zip Code  
Washington DC 20008

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 ▼

241.38

Date of Receipt

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

Transaction ID: SA11AI.197613

Amount of Each Receipt this Period

40.23

**B.**

Full Name (Last, First, Middle Initial)

RICHARD BURKE

Mailing Address 44 Beard Road

City State Zip Code  
New Boston NH 03070-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation  
LNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.199158

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City State Zip Code  
Arlington VA 22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197402

Amount of Each Receipt this Period

52.50

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

692.73

**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

FOR LINE NUMBER: PAGE 25 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

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 & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197614

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

229.34

Date of Receipt

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

Transaction ID: SA11AI.197403

Amount of Each Receipt this Period

45.87

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

275.21

Date of Receipt

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

Transaction ID: SA11AI.197615

Amount of Each Receipt this Period

45.87

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

144.24

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

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

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

FOR LINE NUMBER: PAGE 26 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.51

Date of Receipt

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

Transaction ID: SA11AI.197404

Amount of Each Receipt this Period

60.50

**B.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.01

Date of Receipt

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

Transaction ID: SA11AI.197616

Amount of Each Receipt this Period

60.50

**C.**

Full Name (Last, First, Middle Initial)

ROBERT CALVIN

Mailing Address 45 Church Road

City

Mercer

State

PA

Zip Code

16137-5911

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198037

Amount of Each Receipt this Period

70.34

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

191.34

**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

FOR LINE NUMBER: PAGE 27 / 238

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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

**A.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Court

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, CONFERENCE AND TRAVEL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.94

Date of Receipt

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

Transaction ID: SA11AI.197405

Amount of Each Receipt this Period

125.19

**B.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Court

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, CONFERENCE AND TRAVEL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.13

Date of Receipt

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

Transaction ID: SA11AI.197617

Amount of Each Receipt this Period

125.19

**C.**

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198038

Amount of Each Receipt this Period

114.54

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

364.92

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 28 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GINO A. CARBENIA

Mailing Address 9253 Barcroft Drive

City

Indianapolis

State

IN

Zip Code

46240

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 ▼

287.16

Date of Receipt

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

Transaction ID: SA11AI.197407

Amount of Each Receipt this Period

57.43

**B.**

Full Name (Last, First, Middle Initial)

GINO A. CARBENIA

Mailing Address 9253 Barcroft Drive

City

Indianapolis

State

IN

Zip Code

46240

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 ▼

344.59

Date of Receipt

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

Transaction ID: SA11AI.197619

Amount of Each Receipt this Period

57.43

**C.**

Full Name (Last, First, Middle Initial)

MARCOS CARDENAS

Mailing Address 6927 Amherst Street

City

San Diego

State

CA

Zip Code

92109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198763

Amount of Each Receipt this Period

56.64

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

171.50

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

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

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

FOR LINE NUMBER: PAGE 29 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOYCE CARLSON

Mailing Address 911 Aldine Street

City

Saint Paul

State

MN

Zip Code

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 ▼

216.84

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199039

Amount of Each Receipt this Period

72.28

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.64

Date of Receipt

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

Transaction ID: SA11AI.198931

Amount of Each Receipt this Period

100.10

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.31

Date of Receipt

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

Transaction ID: SA11AI.197990

Amount of Each Receipt this Period

41.67

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

214.05

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 30 / 238

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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

**A.**

Full Name (Last, First, Middle Initial)

MARK E CAVANAH

Mailing Address 243 Iroquois Drive

City

Paducah

State

KY

Zip Code

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 ▼

237.00

Date of Receipt

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

Transaction ID: SA11AI.197408

Amount of Each Receipt this Period

47.40

**B.**

Full Name (Last, First, Middle Initial)

MARK E CAVANAH

Mailing Address 243 Iroquois Drive

City

Paducah

State

KY

Zip Code

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 ▼

284.40

Date of Receipt

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

Transaction ID: SA11AI.197622

Amount of Each Receipt this Period

47.40

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE CHAVEZ

Mailing Address 1361 Hamilton Street NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.61

Date of Receipt

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

Transaction ID: SA11AI.197623

Amount of Each Receipt this Period

34.41

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

129.21

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

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

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

FOR LINE NUMBER: PAGE 31 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KARL E. CHILDRESS

Mailing Address 1605 E Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.61

Date of Receipt

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

Transaction ID: SA11AI.197410

Amount of Each Receipt this Period

47.12

**B.**

Full Name (Last, First, Middle Initial)

KARL E. CHILDRESS

Mailing Address 1605 E Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, APPLICATIONS DEVELOPMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.73

Date of Receipt

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

Transaction ID: SA11AI.197624

Amount of Each Receipt this Period

47.12

**C.**

Full Name (Last, First, Middle Initial)

JUDY K CHOW

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198865

Amount of Each Receipt this Period

100.00

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

194.24

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

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

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

FOR LINE NUMBER: PAGE 32 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

VORIE CLEMENTS

Mailing Address 2419 West 116th Street

City

Hawthorne

State

CA

Zip Code

90250

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA CN 36/LOCAL 3302

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198739

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

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

Transaction ID: SA11AI.197414

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.197627

Amount of Each Receipt this Period

52.50

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

155.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 238

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.49

Date of Receipt

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

Transaction ID: SA11AI.197417

Amount of Each Receipt this Period

51.10

B.

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.64

Date of Receipt

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

Transaction ID: SA11AI.197630

Amount of Each Receipt this Period

52.15

C.

Full Name (Last, First, Middle Initial)

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 ▼

213.42

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199041

Amount of Each Receipt this Period

71.14

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

174.39

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

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

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

FOR LINE NUMBER: PAGE 34 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.70

Date of Receipt

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

Transaction ID: SA11AI.197418

Amount of Each Receipt this Period

49.74

**B.**

Full Name (Last, First, Middle Initial)

KATHERINE M. COX

Mailing Address 2542B S. Walter Reed Drive

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.44

Date of Receipt

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

Transaction ID: SA11AI.197631

Amount of Each Receipt this Period

49.74

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

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 ▼

281.29

Date of Receipt

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

Transaction ID: SA11AI.197419

Amount of Each Receipt this Period

46.26

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

145.74

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

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

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

FOR LINE NUMBER: PAGE 35 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

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 ▼

327.55

Date of Receipt

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

Transaction ID: SA11AI.197632

Amount of Each Receipt this Period

46.26

**B.**

Full Name (Last, First, Middle Initial)

CHARLENE M. CUNNINGHAM

Mailing Address 920 E 5th 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.75

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: SA11AI.198306

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198043

Amount of Each Receipt this Period

97.22

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

174.73

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 36 / 238

(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

**A.**

Full Name (Last, First, Middle Initial)

TAWFIK Y DAOUD

Mailing Address 13304 Clifton Park Circle

City

Clifton

State

VA

Zip Code

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 ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197421

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

TAWFIK Y DAOUD

Mailing Address 13304 Clifton Park Circle

City

Clifton

State

VA

Zip Code

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 ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197634

Amount of Each Receipt this Period

47.31

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. DAVIS

Mailing Address 822 Bovee Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

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

Transaction ID: SA11AI.197930

Amount of Each Receipt this Period

86.02

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

180.64

**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 37 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
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 ▼

257.70

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2011

Transaction ID: SA11AI.197422

Amount of Each Receipt this Period

51.54

**B.**

Full Name (Last, First, Middle Initial)  
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 ▼

309.24

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: SA11AI.197635

Amount of Each Receipt this Period

51.54

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM DEL PINO

Mailing Address 12103 Panthers Ridge Drive

City State Zip Code  
Germantown MD 20876

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
FIELD AUDITOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2011

Transaction ID: SA11AI.197423

Amount of Each Receipt this Period

47.31

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

150.39

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

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

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

FOR LINE NUMBER: PAGE 38 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM DEL PINO

Mailing Address 12103 Panthers Ridge Drive

City

Germantown

State

MD

Zip Code

20876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

FIELD AUDITOR III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197636

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.72

Date of Receipt

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

Transaction ID: SA11AI.197424

Amount of Each Receipt this Period

95.34

**C.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.06

Date of Receipt

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

Transaction ID: SA11AI.197637

Amount of Each Receipt this Period

95.34

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

237.99

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

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

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

FOR LINE NUMBER: PAGE 39 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address P.O. Box 116

City State Zip Code  
Maspeth NY 11378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197425

Amount of Each Receipt this Period

52.50

**B.**

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

Mailing Address P.O. Box 116

City State Zip Code  
Maspeth NY 11378

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197638

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)  
GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
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 ▼

388.00

Date of Receipt

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

Transaction ID: SA11AI.198976

Amount of Each Receipt this Period

120.00

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

225.00

**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  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
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 ▼

402.00

Date of Receipt

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

Transaction ID: SA11AI.197991

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

JASON DIBBLE

Mailing Address 303 12th Street SE

City State Zip Code  
Austin MN 55912-4229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/STATE OF  
MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.199082

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

JASON DIBBLE

Mailing Address 303 12th Street SE

City State Zip Code  
Austin MN 55912-4229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/STATE OF  
MN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.199083

Amount of Each Receipt this Period

150.00

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

314.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City State Zip Code  
Minneapolis MN 55419-5443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199084

Amount of Each Receipt this Period

56.00

**B.**

Full Name (Last, First, Middle Initial)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City State Zip Code  
Minneapolis MN 55419-5443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.199085

Amount of Each Receipt this Period

56.00

**C.**

Full Name (Last, First, Middle Initial)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City State Zip Code  
Minneapolis MN 55419-5443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.199086

Amount of Each Receipt this Period

56.00

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

168.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KEVIN DOEING

Mailing Address 316 Quittie Park Dr.

City

Annville

State

PA

Zip Code

17003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.04

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198048

Amount of Each Receipt this Period

81.68

**B.**

Full Name (Last, First, Middle Initial)

CAROL A. DOTLICH

Mailing Address P.O. Box 731424

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

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

Transaction ID: SA11AI.197993

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, JR.

Mailing Address 982 Fortkort Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR, LEGAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198205

Amount of Each Receipt this Period

40.00

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

135.68

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

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

FOR LINE NUMBER: PAGE 43 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, JR.

Mailing Address 982 Fortkort Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR, LEGAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198264

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

PAMELA F. DUNCAN

Mailing Address 7282 Aplin Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

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

Transaction ID: SA11AI.198206

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

PAMELA F. DUNCAN

Mailing Address 7282 Aplin Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

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

Transaction ID: SA11AI.198265

Amount of Each Receipt this Period

38.50

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

117.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DENNIS EAGLE

Mailing Address 5007 26th Ave., SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.198985

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

LAURIE ECKELS

Mailing Address 42 Profio Road

City

McDonald

State

PA

Zip Code

15057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198050

Amount of Each Receipt this Period

67.34

**C.**

Full Name (Last, First, Middle Initial)

LORI R. ELMORE

Mailing Address 1763 North Cassady Avenue

City

Columbus

State

OH

Zip Code

43219

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198407

Amount of Each Receipt this Period

50.00

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

207.34

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

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

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

FOR LINE NUMBER: PAGE 45 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN ESTY

Mailing Address 2257 Park Hill Avenue

City

Baltimore

State

MD

Zip Code

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 ▼

216.72

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.198935

Amount of Each Receipt this Period

72.24

**B.**

Full Name (Last, First, Middle Initial)

MARY FALK

Mailing Address 11236 Georgia Avenue North

City

North Champlin

State

MN

Zip Code

55316-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/STATE OF  
MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.199089

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

Mailing Address 3840 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.79

Date of Receipt

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

Transaction ID: SA11AI.197426

Amount of Each Receipt this Period

72.96

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

205.20

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

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

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

FOR LINE NUMBER: PAGE 46 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

Mailing Address 3840 N. Delaware Street

City

Indianapolis

State

IN

Zip Code

46205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.75

Date of Receipt

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

Transaction ID: SA11AI.197639

Amount of Each Receipt this Period

72.96

**B.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place NW

City

Washington

State

DC

Zip Code

20016

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 ▼

284.69

Date of Receipt

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

Transaction ID: SA11AI.197428

Amount of Each Receipt this Period

56.94

**C.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place NW

City

Washington

State

DC

Zip Code

20016

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 ▼

341.63

Date of Receipt

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

Transaction ID: SA11AI.197641

Amount of Each Receipt this Period

56.94

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

186.84

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

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

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

FOR LINE NUMBER: PAGE 47 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CATHRYN FELLINGER

Mailing Address 2271 Edmonton Road

City

Columbus

State

OH

Zip Code

43229-4705

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198408

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN J. FILAK, Jr.

Mailing Address 6160 Clingan Road

City

Poland

State

OH

Zip Code

44514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

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

Transaction ID: SA11AI.197935

Amount of Each Receipt this Period

86.02

**C.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.54

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198053

Amount of Each Receipt this Period

142.18

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

278.20

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

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

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

FOR LINE NUMBER: PAGE 48 / 238

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.54

Date of Receipt

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

Transaction ID: SA11AI.197994

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

Mailing Address 3818 Sheffield Lane

City

Harrisburg

State

PA

Zip Code

17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

483.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198054

Amount of Each Receipt this Period

114.54

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

Mailing Address 3818 Sheffield Lane

City

Harrisburg

State

PA

Zip Code

17110-3044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

COUNCIL DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.62

Date of Receipt

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

Transaction ID: SA11AI.197995

Amount of Each Receipt this Period

70.00

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

198.54

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

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

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

FOR LINE NUMBER: PAGE 49 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVEN M. FRANCY

Mailing Address 12 Belmont Court

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.05

Date of Receipt

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

Transaction ID: SA11AI.197430

Amount of Each Receipt this Period

41.41

**B.**

Full Name (Last, First, Middle Initial)

STEVEN M. FRANCY

Mailing Address 12 Belmont Court

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.46

Date of Receipt

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

Transaction ID: SA11AI.197643

Amount of Each Receipt this Period

41.41

**C.**

Full Name (Last, First, Middle Initial)

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

Occupation

ASSOC DIRECTOR ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.69

Date of Receipt

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

Transaction ID: SA11AI.197644

Amount of Each Receipt this Period

85.41

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

168.23

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

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

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

FOR LINE NUMBER: PAGE 50 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

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 ▼

216.91

Date of Receipt

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

Transaction ID: SA11AI.197647

Amount of Each Receipt this Period

36.15

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.61

Date of Receipt

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

Transaction ID: SA11AI.197648

Amount of Each Receipt this Period

36.27

**C.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48235-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.20

Date of Receipt

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

Transaction ID: SA11AI.197828

Amount of Each Receipt this Period

124.04

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

196.46

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

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

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

FOR LINE NUMBER: PAGE 51 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48235-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

772.24

Date of Receipt

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

Transaction ID: SA11AI.197879

Amount of Each Receipt this Period

124.04

**B.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 18491 Lauder

City

Detroit

State

MI

Zip Code

48235-2738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.24

Date of Receipt

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

Transaction ID: SA11AI.197996

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID GASH

Mailing Address 226 Hartley Road

City

Hershey

State

PA

Zip Code

17033

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198058

Amount of Each Receipt this Period

70.34

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

208.38

**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 52 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE, Jr.

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.16

Date of Receipt

M M / D D / Y Y Y Y  
03 / 01 / 2011

Transaction ID: SA11AI.199155

Amount of Each Receipt this Period

47.88

**B.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE, Jr.

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.16

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: SA11AI.197997

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS GIBBS

Mailing Address 152 Upper Claar Rd.

City State Zip Code  
Claysburg PA 16625

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2011

Transaction ID: SA11AI.198059

Amount of Each Receipt this Period

70.34

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

132.22

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

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

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

FOR LINE NUMBER: PAGE 53 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street NW  
#W1023

City State Zip Code  
Washington DC 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 ▼

392.05

Date of Receipt

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

Transaction ID: SA11AI.197438

Amount of Each Receipt this Period

78.41

**B.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street NW  
#W1023

City State Zip Code  
Washington DC 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 ▼

470.46

Date of Receipt

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

Transaction ID: SA11AI.197651

Amount of Each Receipt this Period

78.41

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY L. GILLIAM

Mailing Address 1216 Waterford Drive

City State Zip Code  
District Heights MD 20747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.46

Date of Receipt

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

Transaction ID: SA11AI.197652

Amount of Each Receipt this Period

37.58

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

194.40

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

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

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

FOR LINE NUMBER: PAGE 54 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVE GIORGI

Mailing Address 8386 Gardenia Street

City

Virginia

State

MN

Zip Code

55792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.04

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.198948

Amount of Each Receipt this Period

79.68

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA M. GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.29

Date of Receipt

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

Transaction ID: SA11AI.197441

Amount of Each Receipt this Period

46.26

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA M. GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.55

Date of Receipt

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

Transaction ID: SA11AI.197654

Amount of Each Receipt this Period

46.26

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

172.20

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

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

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

FOR LINE NUMBER: PAGE 55 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARK GOLDEN

Mailing Address 74 Ice Pond Road

City

Levittown

State

PA

Zip Code

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198060

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

Union

State

NJ

Zip Code

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 ▼

345.76

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.198320

Amount of Each Receipt this Period

105.92

**C.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

Union

State

NJ

Zip Code

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 ▼

359.76

Date of Receipt

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

Transaction ID: SA11AI.197998

Amount of Each Receipt this Period

14.00

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

190.26

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

JAMES R. GOLLINGS, Jr.

Mailing Address 40 Rathbone

City

Columbus

State

OH

Zip Code

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 ▼

230.82

Date of Receipt

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

Transaction ID: SA11AI.198210

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. GOLLINGS, Jr.

Mailing Address 40 Rathbone

City

Columbus

State

OH

Zip Code

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 ▼

269.29

Date of Receipt

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

Transaction ID: SA11AI.198269

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

ANISSIA GOODWIN

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.198374

Amount of Each Receipt this Period

60.00

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

136.94

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 57 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANISSIA GOODWIN

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198410

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 3 Longwood Lane

City

Columbus

State

NJ

Zip Code

08022-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.60

Date of Receipt

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

Transaction ID: SA11AI.198322

Amount of Each Receipt this Period

58.20

**C.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 3 Longwood Lane

City

Columbus

State

NJ

Zip Code

08022-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.60

Date of Receipt

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

Transaction ID: SA11AI.197999

Amount of Each Receipt this Period

14.00

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

132.20

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

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

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

FOR LINE NUMBER: PAGE 58 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City State Zip Code  
College Park MD 20740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.61

Date of Receipt

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

Transaction ID: SA11AI.197443

Amount of Each Receipt this Period

47.12

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City State Zip Code  
College Park MD 20740

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.73

Date of Receipt

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

Transaction ID: SA11AI.197656

Amount of Each Receipt this Period

47.12

**C.**

Full Name (Last, First, Middle Initial)

BONNIE L. GRANTZ

Mailing Address 3898 Ascott Court

City State Zip Code  
Youngstown OH 44511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4/AUSTINTOWN  
LSD

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.82

Date of Receipt

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

Transaction ID: SA11AI.198308

Amount of Each Receipt this Period

38.47

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

132.71

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

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

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

FOR LINE NUMBER: PAGE 59 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

269.29

Date of Receipt

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

Transaction ID: SA11AI.198309

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

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

ASSISTANT DIRECTOR, CAPITAL STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197444

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

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

ASSISTANT DIRECTOR, CAPITAL STRATEGIES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197657

Amount of Each Receipt this Period

52.50

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

143.47

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

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

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

FOR LINE NUMBER: PAGE 60 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

R. SEAN GRAYSON

Mailing Address 10201 Galena Pointe Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.16

Date of Receipt

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

Transaction ID: SA11AI.197936

Amount of Each Receipt this Period

104.72

**B.**

Full Name (Last, First, Middle Initial)

RONALD J. GREEN

Mailing Address 531 Park Shadow Court

City

Baldwin Park

State

CA

Zip Code

90706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/LOCAL 3634

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.198736

Amount of Each Receipt this Period

1200.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.69

Date of Receipt

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

Transaction ID: SA11AI.197446

Amount of Each Receipt this Period

81.94

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

1386.66

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

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

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

FOR LINE NUMBER: PAGE 61 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

591.63

Date of Receipt

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

Transaction ID: SA11AI.197659

Amount of Each Receipt this Period

81.94

**B.**

Full Name (Last, First, Middle Initial)

LYLE B GRIMES

Mailing Address P.O. Box 9432

City

Bridge City

State

LA

Zip Code

70096

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 ▼

211.70

Date of Receipt

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

Transaction ID: SA11AI.197661

Amount of Each Receipt this Period

30.96

**C.**

Full Name (Last, First, Middle Initial)

DANIEL GROVE

Mailing Address 131 Scanlon Dirve

City

Franklin

State

PA

Zip Code

16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198062

Amount of Each Receipt this Period

70.34

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

183.24

**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 62 / 238

(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

**A.**

Full Name (Last, First, Middle Initial)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

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 I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.71

Date of Receipt

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

Transaction ID: SA11AI.197664

Amount of Each Receipt this Period

35.45

**B.**

Full Name (Last, First, Middle Initial)

LOUIS HARRIS

Mailing Address 1516 172nd Street East

City

Spanaway

State

WA

Zip Code

98387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198766

Amount of Each Receipt this Period

65.70

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.98

Date of Receipt

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

Transaction ID: SA11AI.197454

Amount of Each Receipt this Period

62.60

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

163.75

**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)

☒ 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

**A.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.58

Date of Receipt

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

Transaction ID: SA11AI.197667

Amount of Each Receipt this Period

62.60

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P.O. Box 231

City

Monticello

State

KY

Zip Code

42633

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 ▼

207.60

Date of Receipt

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

Transaction ID: SA11AI.197457

Amount of Each Receipt this Period

41.52

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P.O. Box 231

City

Monticello

State

KY

Zip Code

42633

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 ▼

249.12

Date of Receipt

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

Transaction ID: SA11AI.197670

Amount of Each Receipt this Period

41.52

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

145.64

**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 64 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.49

Date of Receipt

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

Transaction ID: SA11AI.197883

Amount of Each Receipt this Period

38.11

**B.**

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.85

Date of Receipt

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

Transaction ID: SA11AI.197833

Amount of Each Receipt this Period

57.17

**C.**

Full Name (Last, First, Middle Initial)

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

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.02

Date of Receipt

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

Transaction ID: SA11AI.197884

Amount of Each Receipt this Period

57.17

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

152.45

**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)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DAVID J. HENDERSON

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198065

Amount of Each Receipt this Period

114.54

**B.**

Full Name (Last, First, Middle Initial)

RICK HENSON

Mailing Address 317 South F Street

City

Springfield

State

OR

Zip Code

97477

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.198786

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

SEAN HINGA

Mailing Address 3137 Fulton Street

City

Denver

State

CO

Zip Code

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 ▼

222.54

Date of Receipt

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

Transaction ID: SA11AI.197673

Amount of Each Receipt this Period

37.09

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

236.63

**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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

231.29

Date of Receipt

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

Transaction ID: SA11AI.197462

Amount of Each Receipt this Period

46.26

B.

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

277.55

Date of Receipt

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

Transaction ID: SA11AI.197675

Amount of Each Receipt this Period

46.26

C.

Full Name (Last, First, Middle Initial)

MARGARET HOAK

Mailing Address P.O. Box 264

City

Warren

State

PA

Zip Code

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198067

Amount of Each Receipt this Period

70.34

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

162.86

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

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

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

FOR LINE NUMBER: PAGE 67 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

KARLA HODGE

Mailing Address 1212 N. 14th Street

City

Harrisburg

State

PA

Zip Code

17103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198068

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

DANNY J. HOMAN

Mailing Address 3000 Isabella

City

Sioux City

State

IA

Zip Code

51103-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198924

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

DANNY J. HOMAN

Mailing Address 3000 Isabella

City

Sioux City

State

IA

Zip Code

51103-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

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

Transaction ID: SA11AI.198002

Amount of Each Receipt this Period

56.00

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

206.34

**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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FOR LINE NUMBER: PAGE 68 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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

COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.50

Date of Receipt

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

Transaction ID: SA11AI.197678

Amount of Each Receipt this Period

38.25

**B.**

Full Name (Last, First, Middle Initial)

DENNIS HOULIHAN

Mailing Address 1744 Church Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LABOR ECONOMIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197679

Amount of Each Receipt this Period

47.31

**C.**

Full Name (Last, First, Middle Initial)

CHUNG HUI

Mailing Address 21235 Bunyan Circle

City

Germantown

State

MD

Zip Code

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 ▼

201.15

Date of Receipt

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

Transaction ID: SA11AI.197469

Amount of Each Receipt this Period

40.23

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

125.79

**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 69 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHUNG HUI

Mailing Address 21235 Bunyan Circle

City

Germantown

State

MD

Zip Code

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 ▼

241.38

Date of Receipt

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

Transaction ID: SA11AI.197682

Amount of Each Receipt this Period

40.23

**B.**

Full Name (Last, First, Middle Initial)

CARLA INSINGA-MINSER

Mailing Address 4287 South Carolina Drive

City

Blue Ridge

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198069

Amount of Each Receipt this Period

97.22

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.60

Date of Receipt

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

Transaction ID: SA11AI.197470

Amount of Each Receipt this Period

42.52

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

179.97

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

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

FOR LINE NUMBER: PAGE 70 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.12

Date of Receipt

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

Transaction ID: SA11AI.197683

Amount of Each Receipt this Period

42.52

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

284.69

Date of Receipt

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

Transaction ID: SA11AI.197471

Amount of Each Receipt this Period

56.94

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

341.63

Date of Receipt

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

Transaction ID: SA11AI.197684

Amount of Each Receipt this Period

56.94

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

156.40

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

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

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

FOR LINE NUMBER: PAGE 71 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

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 ▼

254.17

Date of Receipt

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

Transaction ID: SA11AI.197472

Amount of Each Receipt this Period

50.84

**B.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

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 ▼

305.01

Date of Receipt

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

Transaction ID: SA11AI.197685

Amount of Each Receipt this Period

50.84

**C.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3

City

Nutley

State

NJ

Zip Code

07110-0000

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 ▼

230.13

Date of Receipt

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

Transaction ID: SA11AI.197686

Amount of Each Receipt this Period

39.23

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

140.91

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

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

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

FOR LINE NUMBER: PAGE 72 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

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 ▼

231.29

Date of Receipt

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

Transaction ID: SA11AI.197474

Amount of Each Receipt this Period

46.26

**B.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

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 ▼

277.55

Date of Receipt

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

Transaction ID: SA11AI.197687

Amount of Each Receipt this Period

46.26

**C.**

Full Name (Last, First, Middle Initial)

RON JOHNSON

Mailing Address 514 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198767

Amount of Each Receipt this Period

74.00

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

166.52

**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 73 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SETH M JOHNSON

Mailing Address 1311 Delaware Avenue SW  
#S-841

City State Zip Code  
Washington DC 20024

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 ▼

240.60

Date of Receipt

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

Transaction ID: SA11AI.197475

Amount of Each Receipt this Period

51.36

**B.**

Full Name (Last, First, Middle Initial)

SETH M JOHNSON

Mailing Address 1311 Delaware Avenue SW  
#S-841

City State Zip Code  
Washington DC 20024

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 ▼

340.08

Date of Receipt

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

Transaction ID: SA11AI.197688

Amount of Each Receipt this Period

99.48

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL J. JONES

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 ▼

238.00

Date of Receipt

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

Transaction ID: SA11AI.198379

Amount of Each Receipt this Period

68.00

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

218.84

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

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

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

FOR LINE NUMBER: PAGE 74 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198415

Amount of Each Receipt this Period

68.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

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 ▼

819.38

Date of Receipt

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

Transaction ID: SA11AI.197477

Amount of Each Receipt this Period

163.88

**C.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

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 ▼

983.26

Date of Receipt

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

Transaction ID: SA11AI.197690

Amount of Each Receipt this Period

163.88

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

395.76

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

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

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

FOR LINE NUMBER: PAGE 75 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197479

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197692

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City

Saint Paul

State

MN

Zip Code

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 ▼

213.36

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199057

Amount of Each Receipt this Period

71.12

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

176.12

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

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

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

FOR LINE NUMBER: PAGE 76 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOHN KIES

Mailing Address N5124 Fox River Lane

City

Princeton

State

WI

Zip Code

54968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198972

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN KIES

Mailing Address N5124 Fox River Lane

City

Princeton

State

WI

Zip Code

54968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/STATE OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198973

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

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, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.69

Date of Receipt

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

Transaction ID: SA11AI.197480

Amount of Each Receipt this Period

56.94

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

136.94

**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 77 / 238

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

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, PUBLIC AFFAIRS

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

341.63

Date of Receipt

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

Transaction ID: SA11AI.197693

Amount of Each Receipt this Period

56.94

**B.**

Full Name (Last, First, Middle Initial)

R. MICHAEL KIRKPATRICK

Mailing Address 6131 Mifflin Avenue

City

Harrisburg

State

PA

Zip Code

17111-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

DIRECTOR, GRIEVANCE DEPT.

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198071

Amount of Each Receipt this Period

97.22

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH KLEMAN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

288.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198072

Amount of Each Receipt this Period

97.22

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

251.38

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 78 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.16

Date of Receipt

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

Transaction ID: SA11AI.197481

Amount of Each Receipt this Period

48.83

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.33

Date of Receipt

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

Transaction ID: SA11AI.197694

Amount of Each Receipt this Period

50.17

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

211.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198073

Amount of Each Receipt this Period

70.34

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

169.34

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

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

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

FOR LINE NUMBER: PAGE 79 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARCIA R. KNOX

Mailing Address 1660 Newton Avenue

City

Dayton

State

OH

Zip Code

45406-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.84

Date of Receipt

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

Transaction ID: SA11AI.197941

Amount of Each Receipt this Period

87.28

**B.**

Full Name (Last, First, Middle Initial)

MARCIA R. KNOX

Mailing Address 1660 Newton Avenue

City

Dayton

State

OH

Zip Code

45406-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.84

Date of Receipt

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

Transaction ID: SA11AI.197980

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE KOFFROTH

Mailing Address 17824 Autry Ct

City

Chino Hills

State

CA

Zip Code

91709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198768

Amount of Each Receipt this Period

62.40

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

154.68

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

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

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

FOR LINE NUMBER: PAGE 80 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

364.79

Date of Receipt

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

Transaction ID: SA11AI.197482

Amount of Each Receipt this Period

72.96

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

437.75

Date of Receipt

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

Transaction ID: SA11AI.197695

Amount of Each Receipt this Period

72.96

**C.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.69

Date of Receipt

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

Transaction ID: SA11AI.197483

Amount of Each Receipt this Period

56.94

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

202.86

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

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

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

FOR LINE NUMBER: PAGE 81 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.63

Date of Receipt

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

Transaction ID: SA11AI.197696

Amount of Each Receipt this Period

56.94

**B.**

Full Name (Last, First, Middle Initial)

BARBARA KREMP

Mailing Address 302 Donnelly Avenue

City

Aston

State

PA

Zip Code

19014

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198074

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197484

Amount of Each Receipt this Period

52.50

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

179.78

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

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

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

FOR LINE NUMBER: PAGE 82 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197697

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA K. KWIATKOWSKI

Mailing Address 17420 Aquasco Farm Road

City

Aquasco

State

MD

Zip Code

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 ▼

234.29

Date of Receipt

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

Transaction ID: SA11AI.197698

Amount of Each Receipt this Period

39.05

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS M. LALLY, III

Mailing Address 5 Vansant Rd., Deacon's Walk

City

Newark

State

DE

Zip Code

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 ▼

260.93

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198722

Amount of Each Receipt this Period

63.42

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

154.97

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

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

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

FOR LINE NUMBER: PAGE 83 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City State Zip Code  
New York NY 10029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
SPECIAL PROJECTS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

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

Transaction ID: SA11AI.197486

Amount of Each Receipt this Period

60.19

**B.**

Full Name (Last, First, Middle Initial)  
JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City State Zip Code  
New York NY 10029

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
SPECIAL PROJECTS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.69

Date of Receipt

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

Transaction ID: SA11AI.197699

Amount of Each Receipt this Period

60.19

**C.**

Full Name (Last, First, Middle Initial)  
ANGELA LAMANNA

Mailing Address 296 Churchmans Road

City State Zip Code  
New Castle DE 19720

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME DE CN 81

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198723

Amount of Each Receipt this Period

52.00

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

172.38

**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 84 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH LARSEN

Mailing Address 900 Grant Street SW

City

Tumwater

State

WA

Zip Code

98512-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

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

Transaction ID: SA11AI.198987

Amount of Each Receipt this Period

82.00

**B.**

Full Name (Last, First, Middle Initial)

ALAN L LEE

Mailing Address 11206 Joliet

City

Henderson

State

CO

Zip Code

80640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.03

Date of Receipt

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

Transaction ID: SA11AI.197703

Amount of Each Receipt this Period

39.34

**C.**

Full Name (Last, First, Middle Initial)

SUE C. LEE-ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.198788

Amount of Each Receipt this Period

70.00

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

191.34

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

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

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

FOR LINE NUMBER: PAGE 85 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

309.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199059

Amount of Each Receipt this Period

103.22

**B.**

Full Name (Last, First, Middle Initial)

SUSAN T. LEVITAN

Mailing Address 2650 Worrell Court

City State Zip Code  
Crofton MD 21114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.34

Date of Receipt

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

Transaction ID: SA11AI.197491

Amount of Each Receipt this Period

45.87

**C.**

Full Name (Last, First, Middle Initial)

SUSAN T. LEVITAN

Mailing Address 2650 Worrell Court

City State Zip Code  
Crofton MD 21114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.21

Date of Receipt

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

Transaction ID: SA11AI.197704

Amount of Each Receipt this Period

45.87

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

194.96

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

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

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

FOR LINE NUMBER: PAGE 86 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

210.36

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: SA11AI.198952

Amount of Each Receipt this Period

70.12

**B.**

Full Name (Last, First, Middle Initial)

MICHELE LEWIS

Mailing Address 205 Franklin Avenue

City

Silver Spring

State

MD

Zip Code

20901

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 ▼

214.24

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198439

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MICHELE LEWIS

Mailing Address 205 Franklin Avenue

City

Silver Spring

State

MD

Zip Code

20901

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 ▼

261.55

Date of Receipt

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

Transaction ID: SA11AI.197492

Amount of Each Receipt this Period

47.31

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

142.43

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

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

FOR LINE NUMBER: PAGE 87 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHELE LEWIS

Mailing Address 205 Franklin Avenue

City

Silver Spring

State

MD

Zip Code

20901

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 ▼

308.86

Date of Receipt

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

Transaction ID: SA11AI.197705

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

VALERY LIGHT

Mailing Address 32 Barley Lane

City

Palmyra

State

PA

Zip Code

17078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198076

Amount of Each Receipt this Period

67.58

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.199090

Amount of Each Receipt this Period

120.00

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

234.89

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

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.199091

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

JAMECIA L. LITTLE

Mailing Address 3237 Stirling Bridge

City

Canal Winchester

State

OH

Zip Code

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198420

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

COREY LOCKARD

Mailing Address P.O. Box 22

City

Benton

State

PA

Zip Code

17814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198078

Amount of Each Receipt this Period

70.34

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

240.34

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

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

FOR LINE NUMBER: PAGE 89 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

KIP LOCKHART

Mailing Address 139 Simpkins Drive

City

Bristol

State

CT

Zip Code

06010-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.13

Date of Receipt

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

Transaction ID: SA11AI.198734

Amount of Each Receipt this Period

65.64

**B.**

Full Name (Last, First, Middle Initial)

JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City

Mansfield

State

CT

Zip Code

06250-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/STATE OF  
CT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.198732

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES M. LOVELESS

Mailing Address 1112 Euclid Street NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.04

Date of Receipt

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

Transaction ID: SA11AI.197493

Amount of Each Receipt this Period

77.81

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

168.45

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 90 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHARLES M. LOVELESS

Mailing Address 1112 Euclid Street NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.85

Date of Receipt

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

Transaction ID: SA11AI.197706

Amount of Each Receipt this Period

77.81

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 947 Bunker Hill Road

City

Watertown

State

CT

Zip Code

06795-3231

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 ▼

378.00

Date of Receipt

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

Transaction ID: SA11AI.198735

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 947 Bunker Hill Road

City

Watertown

State

CT

Zip Code

06795-3231

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 ▼

392.00

Date of Receipt

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

Transaction ID: SA11AI.198003

Amount of Each Receipt this Period

14.00

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

191.81

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

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

FOR LINE NUMBER: PAGE 91 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

528.96

Date of Receipt

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

Transaction ID: SA11AI.197808

Amount of Each Receipt this Period

176.32

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

200.39

Date of Receipt

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

Transaction ID: SA11AI.197494

Amount of Each Receipt this Period

40.41

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

240.80

Date of Receipt

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

Transaction ID: SA11AI.197707

Amount of Each Receipt this Period

40.41

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

257.14

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

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

410.68

Date of Receipt

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

Transaction ID: SA11AI.197943

Amount of Each Receipt this Period

127.56

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

424.68

Date of Receipt

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

Transaction ID: SA11AI.198004

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.16

Date of Receipt

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

Transaction ID: SA11AI.198930

Amount of Each Receipt this Period

105.58

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

247.14

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

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

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

FOR LINE NUMBER: PAGE 93 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.16

Date of Receipt

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

Transaction ID: SA11AI.198005

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

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

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

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

Transaction ID: SA11AI.198215

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

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

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

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

Transaction ID: SA11AI.198274

Amount of Each Receipt this Period

38.50

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

91.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

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

Transaction ID: SA11AI.198216

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

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

Transaction ID: SA11AI.198275

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

TED MANNA

Mailing Address 510 45th Street

City

Altoona

State

PA

Zip Code

16601-9788

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 ▼

266.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198081

Amount of Each Receipt this Period

90.84

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

167.84

**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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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LARA L. MANZIONE

Mailing Address 1201 East West Hwy.  
Unit #432

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.36

Date of Receipt

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

Transaction ID: SA11AI.197496

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

LARA L. MANZIONE

Mailing Address 1201 East West Hwy.  
Unit #432

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.86

Date of Receipt

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

Transaction ID: SA11AI.197709

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City State Zip Code  
Charlestown WV 25414

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.53

Date of Receipt

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

Transaction ID: SA11AI.197497

Amount of Each Receipt this Period

52.50

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

157.50

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

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

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

FOR LINE NUMBER: PAGE 96 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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

Mailing Address P.O. Box 314

City State Zip Code  
Charlestown WV 25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.03

Date of Receipt

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

Transaction ID: SA11AI.197710

Amount of Each Receipt this Period

52.50

**B.**

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

Mailing Address 247 Kennard 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 ▼

213.36

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199063

Amount of Each Receipt this Period

71.12

**C.**

Full Name (Last, First, Middle Initial)  
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 ▼

231.00

Date of Receipt

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

Transaction ID: SA11AI.198217

Amount of Each Receipt this Period

38.50

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

162.12

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

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

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

FOR LINE NUMBER: PAGE 97 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALIXETTA M. MARLOW

Mailing Address 3937 Blueberry Hollow Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

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

Transaction ID: SA11AI.198276

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

CHARLES H. MARTIN

Mailing Address 707 Russell Avenue N.

City

Minneapolis

State

MN

Zip Code

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 ▼

210.64

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199064

Amount of Each Receipt this Period

71.13

**C.**

Full Name (Last, First, Middle Initial)

GARY MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198218

Amount of Each Receipt this Period

40.00

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

149.63

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

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)  
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  
AFSCME OH LOC 4

Occupation  
ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198277

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)  
KIMBERLY A. MASSENGILL-BERNARDIN

Mailing Address 8000 Brookpoint Place

City State Zip Code  
Westerville OH 43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation  
ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.56

Date of Receipt

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

Transaction ID: SA11AI.197945

Amount of Each Receipt this Period

70.52

**C.**

Full Name (Last, First, Middle Initial)  
CLYDE F. MAUK

Mailing Address 5580 Spoonbill Court

City State Zip Code  
Huber Heights OH 45424

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198219

Amount of Each Receipt this Period

40.00

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

150.52

**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)

☒ 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

**A.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 5580 Spoonbill Court

City

Huber Heights

State

OH

Zip Code

45424

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 ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198278

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW MAYERS

Mailing Address 1833 Ontario Place NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, STRATEGIC RESEARCH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.60

Date of Receipt

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

Transaction ID: SA11AI.197501

Amount of Each Receipt this Period

43.92

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW MAYERS

Mailing Address 1833 Ontario Place NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, STRATEGIC RESEARCH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.52

Date of Receipt

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

Transaction ID: SA11AI.197714

Amount of Each Receipt this Period

43.92

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

127.84

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

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

Use separate schedule(s)  
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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)

ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.19

Date of Receipt

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

Transaction ID: SA11AI.197502

Amount of Each Receipt this Period

109.44

**B.**

Full Name (Last, First, Middle Initial)

ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.63

Date of Receipt

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

Transaction ID: SA11AI.197715

Amount of Each Receipt this Period

109.44

**C.**

Full Name (Last, First, Middle Initial)

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

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.34

Date of Receipt

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

Transaction ID: SA11AI.197503

Amount of Each Receipt this Period

45.87

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

264.75

**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

**A.**

Full Name (Last, First, Middle Initial)

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

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.21

Date of Receipt

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

Transaction ID: SA11AI.197716

Amount of Each Receipt this Period

45.87

**B.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

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 ▼

302.51

Date of Receipt

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

Transaction ID: SA11AI.197504

Amount of Each Receipt this Period

60.50

**C.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

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 ▼

363.01

Date of Receipt

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

Transaction ID: SA11AI.197717

Amount of Each Receipt this Period

60.50

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

166.87

**TOTAL** 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

**A.**

Full Name (Last, First, Middle Initial)

GARY MCCAULLEY

Mailing Address 84 Mic Nan Drive

City

Londonberry

State

PA

Zip Code

17057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198082

Amount of Each Receipt this Period

97.22

**B.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.05

Date of Receipt

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

Transaction ID: SA11AI.197505

Amount of Each Receipt this Period

48.41

**C.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.46

Date of Receipt

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

Transaction ID: SA11AI.197718

Amount of Each Receipt this Period

48.41

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

194.04

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

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

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FOR LINE NUMBER: PAGE 103 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City State Zip Code  
Washington DC 20037-2207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.65

Date of Receipt

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

Transaction ID: SA11AI.197506

Amount of Each Receipt this Period

161.53

**B.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City State Zip Code  
Washington DC 20037-2207

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

969.18

Date of Receipt

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

Transaction ID: SA11AI.197719

Amount of Each Receipt this Period

161.53

**C.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Smerset way

City State Zip Code  
Pickerington OH 43147

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
DIRECTOR OF ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.198279

Amount of Each Receipt this Period

30.00

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

353.06

**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 104 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PETER M. MCLINDEN

Mailing Address 935 Pamela Road

City

Cincinnati

State

OH

Zip Code

45255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

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

Transaction ID: SA11AI.197948

Amount of Each Receipt this Period

86.02

**B.**

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City

Reno

State

NV

Zip Code

89512

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 ▼

231.29

Date of Receipt

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

Transaction ID: SA11AI.197507

Amount of Each Receipt this Period

46.26

**C.**

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City

Reno

State

NV

Zip Code

89512

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 ▼

277.55

Date of Receipt

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

Transaction ID: SA11AI.197720

Amount of Each Receipt this Period

46.26

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

178.54

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

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code  
Detroit MI 48206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.80

Date of Receipt

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

Transaction ID: SA11AI.197842

Amount of Each Receipt this Period

43.16

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code  
Detroit MI 48206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.96

Date of Receipt

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

Transaction ID: SA11AI.197893

Amount of Each Receipt this Period

43.16

**C.**

Full Name (Last, First, Middle Initial)  
SALLY MECKLING

Mailing Address 390 Worthington Road

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.11

Date of Receipt

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

Transaction ID: SA11AI.198385

Amount of Each Receipt this Period

67.46

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

153.78

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

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

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

FOR LINE NUMBER: PAGE 106 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SALLY MECKLING

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.57

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198421

Amount of Each Receipt this Period

67.46

**B.**

Full Name (Last, First, Middle Initial)

YOLANDA MEDINA

Mailing Address 8 Ralph Street  
Apt. 1

City

Bergenfield

State

NJ

Zip Code

07621-0000

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 ▼

218.55

Date of Receipt

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

Transaction ID: SA11AI.197508

Amount of Each Receipt this Period

43.71

**C.**

Full Name (Last, First, Middle Initial)

YOLANDA MEDINA

Mailing Address 8 Ralph Street  
Apt. 1

City

Bergenfield

State

NJ

Zip Code

07621-0000

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 ▼

262.26

Date of Receipt

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

Transaction ID: SA11AI.197721

Amount of Each Receipt this Period

43.71

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

154.88

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

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

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

FOR LINE NUMBER: PAGE 107 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

NANINE MEIKLEJOHN

Mailing Address 4909 Aurora Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197509

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

NANINE MEIKLEJOHN

Mailing Address 4909 Aurora Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197722

Amount of Each Receipt this Period

47.31

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

224.46

Date of Receipt

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

Transaction ID: SA11AI.197723

Amount of Each Receipt this Period

37.41

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

132.03

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

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

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

FOR LINE NUMBER: PAGE 108 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DAVID A MENDOZA

Mailing Address 4301 N. 21st Street  
Unit # 7

City State Zip Code  
Phoenix AZ 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 ▼

223.62

Date of Receipt

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

Transaction ID: SA11AI.197511

Amount of Each Receipt this Period

44.82

**B.**

Full Name (Last, First, Middle Initial)

DAVID A MENDOZA

Mailing Address 4301 N. 21st Street  
Unit # 7

City State Zip Code  
Phoenix AZ 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 ▼

268.44

Date of Receipt

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

Transaction ID: SA11AI.197724

Amount of Each Receipt this Period

44.82

**C.**

Full Name (Last, First, Middle Initial)

JOYE E. MERCER-BARKSDALE

Mailing Address 5103 Janesdale Court

City State Zip Code  
Glenn Dale MD 20769

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197512

Amount of Each Receipt this Period

47.31

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

136.95

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

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

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

FOR LINE NUMBER: PAGE 109 / 238

(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

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197725

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

LAURIE MERTA

Mailing Address 9829 59th Street, Court W

City

Tacoma

State

WA

Zip Code

98467-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.198988

Amount of Each Receipt this Period

130.00

**C.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 5108 Yellowwood Ave

City

Baltimore

State

MD

Zip Code

21209-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.00

Date of Receipt

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

Transaction ID: SA11AI.198323

Amount of Each Receipt this Period

180.00

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

357.31

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

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

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

FOR LINE NUMBER: PAGE 110 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 5108 Yellowwood Ave

City

Baltimore

State

MD

Zip Code

21209-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

582.00

Date of Receipt

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

Transaction ID: SA11AI.198006

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY MILLER

Mailing Address 2724 Pine Avenue

City

Altoona

State

PA

Zip Code

16601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198086

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)

HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSISTANT ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.26

Date of Receipt

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

Transaction ID: SA11AI.197951

Amount of Each Receipt this Period

113.42

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

197.76

**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

FOR LINE NUMBER: PAGE 111 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

HARRY MOBLEY

Mailing Address 2635 Cranberry Circle

City

Harrisburg

State

PA

Zip Code

17110

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198087

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

KAREN MOMBERGER

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:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198088

Amount of Each Receipt this Period

90.84

**C.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City

Bowie

State

MD

Zip Code

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 ▼

213.00

Date of Receipt

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

Transaction ID: SA11AI.197728

Amount of Each Receipt this Period

40.00

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

201.18

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

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

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

FOR LINE NUMBER: PAGE 112 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JEANNE MORRIS

Mailing Address 2315 Reddings Run Road

City

State

Zip Code

Home

PA

15747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.64

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198090

Amount of Each Receipt this Period

75.88

**B.**

Full Name (Last, First, Middle Initial)

LATASHIA N. MOSELEY

Mailing Address 1879 Biscayne Bay Circle

City

State

Zip Code

Jacksonville

FL

32218

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 ▼

209.84

Date of Receipt

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

Transaction ID: SA11AI.197730

Amount of Each Receipt this Period

35.69

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City

State

Zip Code

Reading

PA

19609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198092

Amount of Each Receipt this Period

70.34

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

181.91

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

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

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

FOR LINE NUMBER: PAGE 113 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

STEVEN C. MULLEN

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.68

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198093

Amount of Each Receipt this Period

83.56

**B.**

Full Name (Last, First, Middle Initial)

STEVEN L. MYERS

Mailing Address 696 Hull Road

City

Mansfield

State

OH

Zip Code

44907

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198226

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN L. MYERS

Mailing Address 696 Hull Road

City

Mansfield

State

OH

Zip Code

44907

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 ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198285

Amount of Each Receipt this Period

40.00

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

163.56

**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 114 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

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 ▼

210.87

Date of Receipt

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

Transaction ID: SA11AI.197518

Amount of Each Receipt this Period

42.17

**B.**

Full Name (Last, First, Middle Initial)

RACHEL E. NAUMAN

Mailing Address 11021 Horseshoe Drive

City

Frederick

State

MD

Zip Code

21701-3397

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 ▼

253.04

Date of Receipt

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

Transaction ID: SA11AI.197731

Amount of Each Receipt this Period

42.17

**C.**

Full Name (Last, First, Middle Initial)

JAMES NEBLETT

Mailing Address 17635 Greenview

City

Detroit

State

MI

Zip Code

48219-3588

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.40

Date of Receipt

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

Transaction ID: SA11AI.197895

Amount of Each Receipt this Period

39.40

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

123.74

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City

Minneapolis

State

MN

Zip Code

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 ▼

213.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.199068

Amount of Each Receipt this Period

71.14

**B.**

Full Name (Last, First, Middle Initial)

JESSE NEWCOMER, IV

Mailing Address 2109 Circle Road

City

Carlisle

State

PA

Zip Code

17013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.198094

Amount of Each Receipt this Period

76.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. NILAND

Mailing Address 2728 Pleasant Ave

City

Minneapolis

State

MN

Zip Code

55408

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 ▼

480.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.199070

Amount of Each Receipt this Period

160.00

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

307.14

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

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

FOR LINE NUMBER: PAGE 116 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

KAREN NORWOOD

Mailing Address 8810 - 1/2 Belford Avenue

City

Bradley Int'l

State

CA

Zip Code

90045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA CN 36/LOCAL 3302

Occupation

TECH INSTRUCTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.198742

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

TRAVIS OHM

Mailing Address 8 Highland Road

City

Seven Valleys

State

PA

Zip Code

17360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

245.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.198095

Amount of Each Receipt this Period

81.68

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL K. OKATA

Mailing Address 1015 Wilder Avenue #203

City

Honolulu

State

HI

Zip Code

96822-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.198897

Amount of Each Receipt this Period

100.00

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

231.68

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

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

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

FOR LINE NUMBER: PAGE 117 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

312.98

Date of Receipt

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

Transaction ID: SA11AI.197521

Amount of Each Receipt this Period

62.60

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

375.58

Date of Receipt

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

Transaction ID: SA11AI.197734

Amount of Each Receipt this Period

62.60

**C.**

Full Name (Last, First, Middle Initial)

CURT A. OSTRANDER

Mailing Address 25 J. Braden Thompson Road

City State Zip Code

Forestdale

MA

02644-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INT'L UNION BARGAINING REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

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

Transaction ID: SA11AI.197522

Amount of Each Receipt this Period

47.31

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

172.51

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

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

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

FOR LINE NUMBER: PAGE 118 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CURT A. OSTRANDER

Mailing Address 25 J. Braden Thompson Road

City

Forestdale

State

MA

Zip Code

02644-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INT'L UNION BARGAINING REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

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

Transaction ID: SA11AI.197735

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.97

Date of Receipt

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

Transaction ID: SA11AI.197523

Amount of Each Receipt this Period

63.78

**C.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.75

Date of Receipt

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

Transaction ID: SA11AI.197736

Amount of Each Receipt this Period

63.78

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

174.87

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

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

FOR LINE NUMBER: PAGE 119 / 238

(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.198228

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

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 ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.198287

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM R. PALMQUIST

Mailing Address 733 37th Avenue

City

Seattle

State

WA

Zip Code

98122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STRATEGIC COORDINATOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1404.29

Date of Receipt

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

Transaction ID: SA11AI.198989

Amount of Each Receipt this Period

550.70

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

630.70

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 120 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

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

ORGANIZING RECRUITMENT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.01

Date of Receipt

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

Transaction ID: SA11AI.197738

Amount of Each Receipt this Period

36.15

**B.**

Full Name (Last, First, Middle Initial)

CHERYL PARISI

Mailing Address 1932 Walcott Way

City

Los Angeles

State

CA

Zip Code

90039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198771

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

BARRY PEARCE

Mailing Address 130 N. Wilson Street

City

Bellefonte

State

PA

Zip Code

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198097

Amount of Each Receipt this Period

70.34

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

176.49

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

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

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

FOR LINE NUMBER: PAGE 121 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

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 ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.197526

Amount of Each Receipt this Period

52.50

**B.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

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 ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.197739

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

JOANNE M. PELS

Mailing Address 6987 County 38 NW

City

Walker

State

MN

Zip Code

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 ▼

245.22

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199071

Amount of Each Receipt this Period

81.74

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

186.74

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

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

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

FOR LINE NUMBER: PAGE 122 / 238

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOANNE M. PELS

Mailing Address 6987 County 38 NW

City

Walker

State

MN

Zip Code

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 ▼

280.22

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.199081

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.71

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197740

Amount of Each Receipt this Period

35.45

**C.**

Full Name (Last, First, Middle Initial)

RANDOLPH P. PERREIRA

Mailing Address 1044 Mokuhanu Street

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198901

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.45

**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 123 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RANDOLPH P. PERREIRA

Mailing Address 1044 Mokuhano Street

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198010

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

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:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.60

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197528

Amount of Each Receipt this Period

42.52

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

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:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.12

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197741

Amount of Each Receipt this Period

42.52

**SUBTOTAL** of Receipts This Page (optional) .....

99.04

**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 124 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

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 ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.198229

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

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 ▼

269.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198288

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

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

POLITICAL ACTION POLLING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197529

Amount of Each Receipt this Period

47.31

SUBTOTAL of Receipts This Page (optional) .....

124.31

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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

POLITICAL ACTION POLLING COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.86

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197742

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

RONNIE D PETERSON

Mailing Address 1146 Rue Willette Blvd.

City

Ypsilanti

State

MI

Zip Code

48198

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 ▼

672.97

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197530

Amount of Each Receipt this Period

135.13

**C.**

Full Name (Last, First, Middle Initial)

RONNIE D PETERSON

Mailing Address 1146 Rue Willette Blvd.

City

Ypsilanti

State

MI

Zip Code

48198

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 ▼

811.11

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197743

Amount of Each Receipt this Period

138.14

**SUBTOTAL** of Receipts This Page (optional) .....

320.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

RICHARD L. PETTIT

Mailing Address 1957 Coppermine Road

City

Buchanan

State

GA

Zip Code

30113

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 ▼

236.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197744

Amount of Each Receipt this Period

39.34

**B.**

Full Name (Last, First, Middle Initial)

KELLY PHILLIPS

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.198387

Amount of Each Receipt this Period

66.00

**C.**

Full Name (Last, First, Middle Initial)

KELLY PHILLIPS

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.198423

Amount of Each Receipt this Period

66.00

SUBTOTAL of Receipts This Page (optional) .....

171.34

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE R. PHILLIPS

Mailing Address 323 N. Warren Avenue

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/SOUTH-WES-  
TERN

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
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198312

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

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, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197532

Amount of Each Receipt this Period

72.96

**C.**

Full Name (Last, First, Middle Initial)

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, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197745

Amount of Each Receipt this Period

72.96

SUBTOTAL of Receipts This Page (optional) .....

208.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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 I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197533

Amount of Each Receipt this Period

60.50

**B.**

Full Name (Last, First, Middle Initial)

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 I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197746

Amount of Each Receipt this Period

60.50

**C.**

Full Name (Last, First, Middle Initial)

MARY L. PORTER

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INT'L UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197534

Amount of Each Receipt this Period

45.11

**SUBTOTAL** of Receipts This Page (optional) .....

166.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY L. PORTER

Mailing Address 9800 Bellefontaine Road

City

St. Louis

State

MO

Zip Code

63137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INT'L UNION REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197747

Amount of Each Receipt this Period

45.11

**B.**

Full Name (Last, First, Middle Initial)

GREGORY POWELL

Mailing Address 11505 Circle Drive

City

Austin

State

TX

Zip Code

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 ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: SA11AI.198316

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY POWELL

Mailing Address 11505 Circle Drive

City

Austin

State

TX

Zip Code

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 ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198317

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.11

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

GREGORY POWELL

Mailing Address 11505 Circle Drive

City

Austin

State

TX

Zip Code

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 ▼

440.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198012

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

SALLY A. POWLESS

Mailing Address 2410 Westbrook Drive

City

Toledo

State

OH

Zip Code

43613-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

LEAD STAFF ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.197955

Amount of Each Receipt this Period

86.02

**C.**

Full Name (Last, First, Middle Initial)

STEVE PREBLE

Mailing Address P.O. Box 204

City

Colerain

State

MN

Zip Code

55722

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 65

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

271.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

Transaction ID: SA11AI.198956

Amount of Each Receipt this Period

90.46

SUBTOTAL of Receipts This Page (optional) .....

276.48

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 131 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Middleburg Hts

State

OH

Zip Code

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198230

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Middleburg Hts

State

OH

Zip Code

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198289

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ZACHARY J RAMSEY

Mailing Address 6161 Stevens Forest Road

City

Columbia

State

MD

Zip Code

21045

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 ▼

312.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197536

Amount of Each Receipt this Period

62.60

**SUBTOTAL** of Receipts This Page (optional) .....

142.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ZACHARY J RAMSEY

Mailing Address 6161 Stevens Forest Road

City

Columbia

State

MD

Zip Code

21045

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 ▼

375.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197749

Amount of Each Receipt this Period

62.60

**B.**

Full Name (Last, First, Middle Initial)

PAMELA L. RAY

Mailing Address 16 Asbury Road

City

Charleston

State

WV

Zip Code

25312

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 ▼

218.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197537

Amount of Each Receipt this Period

43.71

**C.**

Full Name (Last, First, Middle Initial)

PAMELA L. RAY

Mailing Address 16 Asbury Road

City

Charleston

State

WV

Zip Code

25312

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 ▼

262.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197750

Amount of Each Receipt this Period

43.71

**SUBTOTAL** of Receipts This Page (optional) .....

150.02

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ZOLLIE RAYNER

Mailing Address P.O. Box 51

City

Albion

State

PA

Zip Code

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198099

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowoak Place

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.12

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.197956

Amount of Each Receipt this Period

97.04

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197538

Amount of Each Receipt this Period

62.60

**SUBTOTAL** of Receipts This Page (optional) .....

229.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197751

Amount of Each Receipt this Period

62.60

**B.**

Full Name (Last, First, Middle Initial)

DEAN REYNOLDS, III

Mailing Address 1025 Delaware Avenue

City

Crawford

State

PA

Zip Code

17740

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198100

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197752

Amount of Each Receipt this Period

39.21

**SUBTOTAL** of Receipts This Page (optional) .....

172.15

**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 135 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood Street

City

Worthington

State

OH

Zip Code

43085

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.198437

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM R. RICHARDSON

Mailing Address 1731 Delia Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4/AKRON PS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198315

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE RIDER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.82

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198102

Amount of Each Receipt this Period

93.94

**SUBTOTAL** of Receipts This Page (optional) .....

183.94

**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 136 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE, Sr.

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.197958

Amount of Each Receipt this Period

98.30

**B.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197540

Amount of Each Receipt this Period

74.66

**C.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197753

Amount of Each Receipt this Period

74.66

SUBTOTAL of Receipts This Page (optional) .....

247.62

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 137 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW

City

Atlanta

State

GA

Zip Code

30312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.07

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197541

Amount of Each Receipt this Period

40.41

**B.**

Full Name (Last, First, Middle Initial)

YVONNE T. ROBINSON

Mailing Address 501 Pulliam Street NW

City

Atlanta

State

GA

Zip Code

30312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197754

Amount of Each Receipt this Period

40.41

**C.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City

Perry Hall

State

MD

Zip Code

21128

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 ▼

255.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197542

Amount of Each Receipt this Period

51.10

**SUBTOTAL** of Receipts This Page (optional) .....

131.92

**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 138 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City

Perry Hall

State

MD

Zip Code

21128

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 ▼

306.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197755

Amount of Each Receipt this Period

51.10

**B.**

Full Name (Last, First, Middle Initial)

JUANITA M. RODRIGUEZ

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

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.53

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197756

Amount of Each Receipt this Period

43.45

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.197849

Amount of Each Receipt this Period

112.51

**SUBTOTAL** of Receipts This Page (optional) .....

207.06

**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 139 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

815.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.197900

Amount of Each Receipt this Period

112.51

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.06

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198015

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198231

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

222.51

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

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 ▼

280.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198290

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.198173

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

628.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.198232

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

240.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

642.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198016

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198291

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

BLAINE J RUMMEL

Mailing Address 5 E. Glebe Road  
Apt. D

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

COMMUNICATIONS TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197544

Amount of Each Receipt this Period

74.85

SUBTOTAL of Receipts This Page (optional) .....

188.85

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BLAINE J RUMMEL

Mailing Address 5 E. Glebe Road  
Apt. D

City State Zip Code  
Alexandria VA 22305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
COMMUNICATIONS TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.35

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197757

Amount of Each Receipt this Period

78.75

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198103

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)

KATHY SACKMAN

Mailing Address 13029 Baltimore Court

City State Zip Code  
Chino CA 91710

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 1199

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198017

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

177.09

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM SAMS

Mailing Address 17 South Plains Road

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2011

Transaction ID: SA11AI.197960

Amount of Each Receipt this Period

86.02

**B.**

Full Name (Last, First, Middle Initial)

LEE A. SAUNDERS

Mailing Address 7510 Alaska Avenue NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.10

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2011

Transaction ID: SA11AI.197546

Amount of Each Receipt this Period

129.22

**C.**

Full Name (Last, First, Middle Initial)

LEE A. SAUNDERS

Mailing Address 7510 Alaska Avenue NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.32

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2011

Transaction ID: SA11AI.197759

Amount of Each Receipt this Period

129.22

**SUBTOTAL** of Receipts This Page (optional) .....

344.46

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198104

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.66

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197547

Amount of Each Receipt this Period

57.73

**C.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.39

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197760

Amount of Each Receipt this Period

57.73

**SUBTOTAL** of Receipts This Page (optional) .....

185.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 6437 Rock Forest Drive  
#305City State Zip Code  
Bethesda MD 20817FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197548

Amount of Each Receipt this Period

77.81

**B.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 6437 Rock Forest Drive  
#305City State Zip Code  
Bethesda MD 20817FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

466.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197761

Amount of Each Receipt this Period

77.81

**C.**

Full Name (Last, First, Middle Initial)

ALBERT SCHNAUFER

Mailing Address 400 South Flower  
#65City State Zip Code  
Orange CA 92868FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198774

Amount of Each Receipt this Period

70.24

SUBTOTAL of Receipts This Page (optional) .....

225.86

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY SCHWANGER

Mailing Address 419 Valley Street

City

Marysville

State

PA

Zip Code

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 ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198107

Amount of Each Receipt this Period

114.54

**B.**

Full Name (Last, First, Middle Initial)

BARRY L SCOTT

Mailing Address 1402 Camus Avenue NE

City

Renton

State

WA

Zip Code

98056

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WA CN 2

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.198789

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston 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:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.29

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197550

Amount of Each Receipt this Period

46.26

**SUBTOTAL** of Receipts This Page (optional) .....

410.80

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston 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:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

277.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197763

Amount of Each Receipt this Period

46.26

**B.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

455.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197551

Amount of Each Receipt this Period

91.11

**C.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

546.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197764

Amount of Each Receipt this Period

91.11

SUBTOTAL of Receipts This Page (optional) .....

228.48

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 148 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199075

Amount of Each Receipt this Period

92.82

**B.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198018

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

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, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197552

Amount of Each Receipt this Period

49.74

**SUBTOTAL** of Receipts This Page (optional) .....

156.56

**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 149 / 238

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

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, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.44

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197765

Amount of Each Receipt this Period

49.74

B.

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198108

Amount of Each Receipt this Period

114.54

C.

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.198392

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional) .....

234.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
TIMOTHY P. SHAFER

Mailing Address P. O. Box 322

City State Zip Code  
Waverly OH 45690

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

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  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198428

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)  
DONALD G. SHAFFER

Mailing Address R. D. #5, Box 82

City State Zip Code  
Brookeville PA 15825-9501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198109

Amount of Each Receipt this Period

70.34

**C.**

Full Name (Last, First, Middle Initial)  
DON E SIMPSON

Mailing Address 1105 Upland Drive

City State Zip Code  
Austin TX 78741

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 ▼

236.55

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197553

Amount of Each Receipt this Period

47.31

**SUBTOTAL** of Receipts This Page (optional) .....

187.65

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

DON E SIMPSON

Mailing Address 1105 Upland Drive

City

Austin

State

TX

Zip Code

78741

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 ▼

283.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197766

Amount of Each Receipt this Period

47.31

**B.**

Full Name (Last, First, Middle Initial)

ROBERTA J. SKOK

Mailing Address 775 Township Road  
#2204

City

Perrysville

State

OH

Zip Code

44864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	1	1

Transaction ID: SA11AI.197964

Amount of Each Receipt this Period

86.02

**C.**

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 19292 Archer

City

Detroit

State

MI

Zip Code

48219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.197905

Amount of Each Receipt this Period

35.01

SUBTOTAL of Receipts This Page (optional) .....

168.34

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

**A.**

Full Name (Last, First, Middle Initial)

DEREK L. SMITH

Mailing Address 4306 Broken Arrow Court

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.94

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197555

Amount of Each Receipt this Period

43.92

**B.**

Full Name (Last, First, Middle Initial)

DEREK L. SMITH

Mailing Address 4306 Broken Arrow Court

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.86

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197768

Amount of Each Receipt this Period

43.92

**C.**

Full Name (Last, First, Middle Initial)

SHARON SOBER

Mailing Address 212 5th Street

City

Catawissa

State

PA

Zip Code

17820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198112

Amount of Each Receipt this Period

114.54

**SUBTOTAL** of Receipts This Page (optional) .....

202.38

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

DARRIN SPANN

Mailing Address 6130 Springford Drive  
#C6

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.90

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198113

Amount of Each Receipt this Period

97.22

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

292.40

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.198176

Amount of Each Receipt this Period

58.48

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

350.88

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198235

Amount of Each Receipt this Period

58.48

**SUBTOTAL** of Receipts This Page (optional) .....

214.18

**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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

409.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198294

Amount of Each Receipt this Period

58.48

**B.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

236.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197556

Amount of Each Receipt this Period

48.41

**C.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

285.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197769

Amount of Each Receipt this Period

48.41

SUBTOTAL of Receipts This Page (optional) .....

155.30

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)

☒ 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

**A.**

Full Name (Last, First, Middle Initial)

MARIANNE STEGER

Mailing Address 2930 Woodson Drive

City

Hilliard

State

OH

Zip Code

43026-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

DIRECTOR OF ADMINISTRATIVE SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.82

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.197967

Amount of Each Receipt this Period

87.94

**B.**

Full Name (Last, First, Middle Initial)

RUTH M STEINMETZ

Mailing Address 3835 North 9th Street  
#309E

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL RESEARCH ANALYST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.76

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197771

Amount of Each Receipt this Period

36.10

**C.**

Full Name (Last, First, Middle Initial)

JUDY R STEVENS

Mailing Address 7006 Stone Mill Place

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 ▼

224.48

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197559

Amount of Each Receipt this Period

43.62

**SUBTOTAL** of Receipts This Page (optional) .....

167.66

**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

**A.**

Full Name (Last, First, Middle Initial)

JUDY R STEVENS

Mailing Address 7006 Stone Mill Place

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 ▼

268.10

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197772

Amount of Each Receipt this Period

43.62

**B.**

Full Name (Last, First, Middle Initial)

MITCHELL STILLE

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.198926

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM STOFFER

Mailing Address 29B - 2nd Street

City

North Irwin

State

PA

Zip Code

15642

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 ▼

211.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198115

Amount of Each Receipt this Period

70.34

**SUBTOTAL** of Receipts This Page (optional) .....

197.96

**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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

243.65

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197561

Amount of Each Receipt this Period

48.73

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

292.38

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197774

Amount of Each Receipt this Period

48.73

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 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  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197563

Amount of Each Receipt this Period

52.50

**SUBTOTAL** of Receipts This Page (optional) .....

149.96

**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

**A.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.44

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197776

Amount of Each Receipt this Period

53.94

**B.**

Full Name (Last, First, Middle Initial)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

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 ▼

212.71

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197777

Amount of Each Receipt this Period

35.45

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.96

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197566

Amount of Each Receipt this Period

72.96

**SUBTOTAL** of Receipts This Page (optional) .....

162.35

**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

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.92

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197779

Amount of Each Receipt this Period

72.96

**B.**

Full Name (Last, First, Middle Initial)

MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.198318

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.198319

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

122.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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

**A.**

Full Name (Last, First, Middle Initial)

MARY E. SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198019

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

YVONNE J. SYPHAX

Mailing Address 15332 Colony Place

City

Waldorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.70

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197567

Amount of Each Receipt this Period

49.74

**C.**

Full Name (Last, First, Middle Initial)

YVONNE J. SYPHAX

Mailing Address 15332 Colony Place

City

Waldorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.44

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197780

Amount of Each Receipt this Period

49.74

**SUBTOTAL** of Receipts This Page (optional) .....

199.48

**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

**A.**

Full Name (Last, First, Middle Initial)

JAMES R. TACKETT

Mailing Address 517 S. High Street

City

Yellow Springs

State

OH

Zip Code

45387

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.95

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198295

Amount of Each Receipt this Period

28.85

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

569.39

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197568

Amount of Each Receipt this Period

113.88

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.27

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197781

Amount of Each Receipt this Period

113.88

**SUBTOTAL** of Receipts This Page (optional) .....

256.61

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 238

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

MOHAMMED TEHRANI

Mailing Address 1424 Wakeforest Drive

City

Gaithersburg

State

MD

Zip Code

20879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

231.84

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197569

Amount of Each Receipt this Period

47.12

B.

Full Name (Last, First, Middle Initial)

MOHAMMED TEHRANI

Mailing Address 1424 Wakeforest Drive

City

Gaithersburg

State

MD

Zip Code

20879

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

278.96

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197782

Amount of Each Receipt this Period

47.12

C.

Full Name (Last, First, Middle Initial)

ROBERT L. THOMPSON

Mailing Address 927 Gibbs Avenue, NE

City

Canton

State

OH

Zip Code

44705-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

258.06

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 1 1

Transaction ID: SA11AI.197973

Amount of Each Receipt this Period

86.02

SUBTOTAL of Receipts This Page (optional) .....

180.26

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN THORSON

Mailing Address 555 Selby Avenue

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

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.42

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.199076

Amount of Each Receipt this Period

71.14

**B.**

Full Name (Last, First, Middle Initial)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

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 ▼

201.35

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.197858

Amount of Each Receipt this Period

40.27

**C.**

Full Name (Last, First, Middle Initial)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

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 ▼

241.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.197909

Amount of Each Receipt this Period

40.27

**SUBTOTAL** of Receipts This Page (optional) .....

151.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TOM TOSTI

Mailing Address 327 Lincoln Avenue

City

Bristol

State

PA

Zip Code

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 ▼

343.62

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198118

Amount of Each Receipt this Period

114.54

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

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 ▼

242.05

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197571

Amount of Each Receipt this Period

48.41

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

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 ▼

290.46

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197784

Amount of Each Receipt this Period

48.41

**SUBTOTAL** of Receipts This Page (optional) .....

211.36

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

KAREN VALENTINE

Mailing Address 154 Stoney Drive

City

Dover

State

DE

Zip Code

19904

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 ▼

257.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.198724

Amount of Each Receipt this Period

63.42

**B.**

Full Name (Last, First, Middle Initial)

ALDO E. VENNETTILLI

Mailing Address 1087 Country Coach Drive

City

Henderson

State

NV

Zip Code

89002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197574

Amount of Each Receipt this Period

67.54

**C.**

Full Name (Last, First, Middle Initial)

ALDO E. VENNETTILLI

Mailing Address 1087 Country Coach Drive

City

Henderson

State

NV

Zip Code

89002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.23

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197787

Amount of Each Receipt this Period

67.54

SUBTOTAL of Receipts This Page (optional) .....

198.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY VERNELL

Mailing Address 14 Meadow Lane

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198298

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City

Henderson

State

NV

Zip Code

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 ▼

729.55

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197576

Amount of Each Receipt this Period

145.91

**C.**

Full Name (Last, First, Middle Initial)

FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City

Henderson

State

NV

Zip Code

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 ▼

979.55

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.199159

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.91

**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  
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FOR LINE NUMBER: PAGE 167 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City

Henderson

State

NV

Zip Code

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 ▼

1125.46

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197789

Amount of Each Receipt this Period

145.91

**B.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. WALLACE

Mailing Address 6616 Comet Circle  
#615

City

Springfield

State

VA

Zip Code

22150

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 ▼

211.13

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197790

Amount of Each Receipt this Period

35.19

**C.**

Full Name (Last, First, Middle Initial)

DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IN CN 62

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198022

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

251.10

**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  
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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

**A.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.29

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197791

Amount of Each Receipt this Period

39.05

**B.**

Full Name (Last, First, Middle Initial)

LONITA M. WAYBRIGHT

Mailing Address 3008 Athens Circle

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.79

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197579

Amount of Each Receipt this Period

83.13

**C.**

Full Name (Last, First, Middle Initial)

LONITA M. WAYBRIGHT

Mailing Address 3008 Athens Circle

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.92

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197792

Amount of Each Receipt this Period

83.13

**SUBTOTAL** of Receipts This Page (optional) .....

205.31

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

JANA WEAVER

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:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.58

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	7	/	2	0	1	1

Transaction ID: SA11AI.198975

Amount of Each Receipt this Period

81.86

**B.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City

Madison

State

WI

Zip Code

53717

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 ▼

242.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197580

Amount of Each Receipt this Period

48.41

**C.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City

Madison

State

WI

Zip Code

53717

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 ▼

290.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197793

Amount of Each Receipt this Period

48.41

SUBTOTAL of Receipts This Page (optional) .....

178.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.72

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197581

Amount of Each Receipt this Period

95.34

**B.**

Full Name (Last, First, Middle Initial)

LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.06

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197794

Amount of Each Receipt this Period

95.34

**C.**

Full Name (Last, First, Middle Initial)

JESSICA WEINSTEIN

Mailing Address 2112 New Hampshire Avenue NW  
Apt #405

City

Washington

State

DC

Zip Code

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 ▼

632.71

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198441

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

215.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JESSICA 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 ▼

784.64

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197582

Amount of Each Receipt this Period

151.93

**B.**

Full Name (Last, First, Middle Initial)

JESSICA WEINSTEIN

Mailing Address 2112 New Hampshire Avenue NW  
Apt #405

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

936.57

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197795

Amount of Each Receipt this Period

151.93

**C.**

Full Name (Last, First, Middle Initial)

SUSAN R. WELSH

Mailing Address 4909 Rees Lane

City State Zip Code  
Bowie MD 20715

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ADVANTAGE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.55

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197584

Amount of Each Receipt this Period

43.71

**SUBTOTAL** of Receipts This Page (optional) .....

347.57

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN R. WELSH

Mailing Address 4909 Rees Lane

City

Bowie

State

MD

Zip Code

20715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADVANTAGE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.26

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197797

Amount of Each Receipt this Period

43.71

**B.**

Full Name (Last, First, Middle Initial)

JOHN P. WESTMORELAND

Mailing Address 4678 West Road

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.199079

Amount of Each Receipt this Period

72.28

**C.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin-Shoots Road

City

Morral

State

OH

Zip Code

43337

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.198183

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

165.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin-Shoots Road

City

Morral

State

OH

Zip Code

43337

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: SA11AI.198242

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin-Shoots Road

City

Morral

State

OH

Zip Code

43337

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.198301

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

YVONNE F. WHEELER

Mailing Address 5726 Dairy Avenue

City

Long Beach

State

CA

Zip Code

90805

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 ▼

231.29

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.197585

Amount of Each Receipt this Period

46.26

**SUBTOTAL** of Receipts This Page (optional) .....

146.26

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

YVONNE F. WHEELER

Mailing Address 5726 Dairy Avenue

City

Long Beach

State

CA

Zip Code

90805

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 ▼

277.55

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197798

Amount of Each Receipt this Period

46.26

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Transaction ID: SA11AI.199092

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.199093

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

266.26

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

211.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Transaction ID: SA11AI.198124

Amount of Each Receipt this Period

70.34

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	1	1

Transaction ID: SA11AI.197587

Amount of Each Receipt this Period

52.50

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: SA11AI.197800

Amount of Each Receipt this Period

52.50

SUBTOTAL of Receipts This Page (optional) .....

175.34

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City

Detroit

State

MI

Zip Code

48219-4727

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 ▼

206.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.197860

Amount of Each Receipt this Period

41.25

**B.**

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City

Detroit

State

MI

Zip Code

48219-4727

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 ▼

247.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.197911

Amount of Each Receipt this Period

41.25

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY M. WILLIAMS

Mailing Address 4090 Randalls Run Road

City

Bluecreek

State

OH

Zip Code

45616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/AKRON PS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.198962

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

132.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH T. WILSON

Mailing Address 2233 Byron Street

City

Berkeley

State

CA

Zip Code

94702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: SA11AI.197801

Amount of Each Receipt this Period

47.12

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL J. WILSON

Mailing Address W8514 Thompson Road

City

Poynette

State

WI

Zip Code

53955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.198983

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ALLAN WINEY

Mailing Address 765 Mount Airy Road

City

Lewisburg

State

PA

Zip Code

17339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 1 1

Transaction ID: SA11AI.198125

Amount of Each Receipt this Period

105.34

**SUBTOTAL** of Receipts This Page (optional) .....

252.46

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

KRISTIE WOLF-MALONEY

Mailing Address 4923C Haverford Road

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	1	1

Transaction ID: SA11AI.198126

Amount of Each Receipt this Period

75.74

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR WOOD

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: SA11AI.197912

Amount of Each Receipt this Period

33.72

**C.**

Full Name (Last, First, Middle Initial)

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 &amp; LEGIS.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Transaction ID: SA11AI.198933

Amount of Each Receipt this Period

74.14

SUBTOTAL of Receipts This Page (optional) .....

183.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

BRUCE WYNGAARD

Mailing Address 1310 Hunter Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	1

Transaction ID: SA11AI.198394

Amount of Each Receipt this Period

66.20

**B.**

Full Name (Last, First, Middle Initial)

BRUCE WYNGAARD

Mailing Address 1310 Hunter Avenue

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

OPERATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.90

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.198430

Amount of Each Receipt this Period

66.20

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	1	1

Transaction ID: SA11AI.198726

Amount of Each Receipt this Period

77.56

SUBTOTAL of Receipts This Page (optional) .....

209.96

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 238

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="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

**A.**

Full Name (Last, First, Middle Initial)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.198023

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

DON ZAVODNY

Mailing Address 9801 West O Street

City

Lincoln

State

NE

Zip Code

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 ▼

231.29

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	5	/	2	0	1	1

Transaction ID: SA11AI.197590

Amount of Each Receipt this Period

92.52

**C.**

Full Name (Last, First, Middle Initial)

DON ZAVODNY

Mailing Address 9801 West O Street

City

Lincoln

State

NE

Zip Code

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 ▼

277.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

Transaction ID: SA11AI.197803

Amount of Each Receipt this Period

46.26

SUBTOTAL of Receipts This Page (optional) .....

152.78

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 238

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

THOMAS ZEBAR

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.14

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: SA11AI.198396

Amount of Each Receipt this Period

62.04

**B.**

Full Name (Last, First, Middle Initial)

THOMAS ZEBAR

Mailing Address 390 Worthington Road

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.18

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.198432

Amount of Each Receipt this Period

62.04

**SUBTOTAL** of Receipts This Page (optional) .....

124.08

**TOTAL** This Period (last page this line number only) .....

36143.30

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 238

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1458.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Transaction ID: SA17.198701

Amount of Each Receipt this Period

621.84

Interest Income 3/31/11

SUBTOTAL of Receipts This Page (optional) .....

621.84

TOTAL This Period (last page this line number only) .....

621.84

# **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 183 / 238

☒ 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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>AMALGAMATED BANK</b>	<b>Transaction ID:</b> SB21B.198708 <b>Date of Disbursement</b>
Mailing Address 275 7th Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div>
City New York State NY Zip Code 10001	Amount of Each Disbursement this Period
Purpose of Disbursement Bank Fees/Returned check Candidate Name	<div> <div>10.00</div> <div>001 Category/ Type</div> </div>
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>B.</b> Full Name (Last, First, Middle Initial) <b>AMALGAMATED BANK LOANS</b>	<b>Transaction ID:</b> SB21B.198700 <b>Date of Disbursement</b>
Mailing Address P.O. Box 5660	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 1</div> </div>
City Hicksville State NY Zip Code 11802-5660	Amount of Each Disbursement this Period
Purpose of Disbursement Interest payment 3/14/2011 Candidate Name	<div> <div>3455.59</div> <div>001 Category/ Type</div> </div>
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>C.</b> Full Name (Last, First, Middle Initial) <b>AMERICAN EXPRESS</b>	<b>Transaction ID:</b> SB21B.197370 <b>Date of Disbursement</b>
Mailing Address P.O. Box 53852	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 1 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
Purpose of Disbursement Merchant Service Charges 3/1/11 Candidate Name	<div> <div>1.75</div> <div>001 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3467.34**

**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 184 / 238

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. Box 53852	<b>Transaction ID:</b> SB21B.197376 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 5 / 2 0 1 1</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Service Charges 3/05/11 Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>5.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Service Charges 3/7/11 Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Transaction ID:</b> SB21B.197371 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1.74</div>
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS Mailing Address P.O. Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Merchant Service Charges 3/11/11 Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> <div> <div>Office Sought:</div> <div> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </div> <div> <div>Disbursement For:</div> <div> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </div> </div> </div> <div> <div>State:</div> <div>District:</div> </div>	<b>Transaction ID:</b> SB21B.197378 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 1 / 2 0 1 1</div> </div> <b>Amount of Each Disbursement this Period</b> <div>8.45</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

15.19

**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 185 / 238

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Merchant Service Charges 3/18/11

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.197372

Date of Disbursement

03 / 18 / 2011

Amount of Each Disbursement this Period

3.04

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Merchant Service Charges 3/19/11

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.197377

Date of Disbursement

03 / 19 / 2011

Amount of Each Disbursement this Period

1.39

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Merchant Service Charges 3/21/11

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.197373

Date of Disbursement

03 / 21 / 2011

Amount of Each Disbursement this Period

0.44

**SUBTOTAL** of Disbursements This Page (optional) .....

4.87

**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 186 / 238

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.197374 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Service Charges 3/28/11 Candidate Name	<table border="1"> <tr> <td colspan="10">2.91</td> </tr> </table>	2.91																			
2.91																					
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>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.198707 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	9		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Service Charges 3/29/11 Candidate Name	<table border="1"> <tr> <td colspan="10">10.85</td> </tr> </table>	10.85																			
10.85																					
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>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.197375 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Service Charges 3/30/11 Candidate Name	<table border="1"> <tr> <td colspan="10">0.44</td> </tr> </table>	0.44																			
0.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

14.20

**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 187 / 238

<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) BART GROUP	<b>Transaction ID:</b> SB21B.198693 <b>Date of Disbursement</b>																				
Mailing Address 171 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Port Washington State NY Zip Code 11050 Purpose of Disbursement Merchant Service Charges 3/4/11 Candidate Name	Amount of Each Disbursement this Period <div>574.54</div>																				
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) ▼	<div>001</div> Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) BART GROUP	<b>Transaction ID:</b> SB21B.198694 <b>Date of Disbursement</b>																				
Mailing Address 171 Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	1	1												
City Port Washington State NY Zip Code 11050 Purpose of Disbursement Merchant Service Charges 3/4/11 Candidate Name	Amount of Each Disbursement this Period <div>53.05</div>																				
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) ▼	<div>001</div> Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) DC TREASURER	<b>Transaction ID:</b> SB21B.198709 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 679	<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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	7		2	0	1	1												
City Washington State DC Zip Code 20044-0679 Purpose of Disbursement Income Taxes Paid Candidate Name	Amount of Each Disbursement this Period <div>745.00</div>																				
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) ▼	<div>001</div> Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1372.59**

**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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAYPAL INC.

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Online Service Charges/03-16-11

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.197367

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

89.90

**B.**

Full Name (Last, First, Middle Initial)

US TREASURY

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201-0027

Purpose of Disbursement  
Income Taxes Paid

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.198710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	1

Amount of Each Disbursement this Period

2410.00

SUBTOTAL of Disbursements This Page (optional) .....

2499.90

TOTAL This Period (last page this line number only) .....

7374.09

**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 &amp; 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/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.198695

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

5000.00

**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/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.198696

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Amount of Each Disbursement this Period

212000.00

**C.** Full Name (Last, First, Middle Initial)  
AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Candidate Name

008  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.198697

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 1

Amount of Each Disbursement this Period

36000.00

SUBTOTAL of Disbursements This Page (optional) .....

253000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 190 / 238

<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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.198698

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

500.00

**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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.198699

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

21500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

22000.00

**TOTAL** This Period (last page this line number only) .....

275000.00

# **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 191 / 238

☐ 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ANDRE CARSON FOR CONGRESS</p> <p>Mailing Address 148 E. Market Street Suite 300</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name ANDRE CARSON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: IN District: 07</p>	<p><b>Transaction ID:</b> SB23.197291</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>0 3</span> <span>2 2</span> <span>2 0 1 1</span> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL CMTE</p> <p>Mailing Address P.O. Box 1242</p> <p>City Tucson State AZ Zip Code 85702</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name RAUL M GRIJALVA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 07</p>	<p><b>Transaction ID:</b> SB23.197300</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>0 3</span> <span>2 2</span> <span>2 0 1 1</span> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS</p> <p>Mailing Address 1736 Franklin Street Suite 550</p> <p>City Oakland State CA Zip Code 94612</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name BARBARA LEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 09</p>	<p><b>Transaction ID:</b> SB23.197271</p> <p>Date of Disbursement  <div style="display: flex; justify-content: space-around;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-around;"> <span>0 3</span> <span>2 2</span> <span>2 0 1 1</span> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 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

**A.**

Full Name (Last, First, Middle Initial)

BISHOP FOR CONGRESS

Mailing Address P.O. Box 437

City  
Farmingville

State  
NY

Zip Code  
11738

Purpose of Disbursement  
Contribution

Candidate Name  
TIMOTHY BISHOP

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.198686

Date of Disbursement

03 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay  
#105

City  
Portland

State  
OR

Zip Code  
97232

Purpose of Disbursement  
Contribution

Candidate Name  
EARL BLUMENAUER

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR District: 03

Transaction ID: SB23.197331

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

BOB CASEY FOR SENATE INC

Mailing Address 607 14th Street NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contribution

Candidate Name  
ROBERT P JR CASEY

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.197245

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BOB CASEY FOR SENATE INC</b>	<b>Transaction ID:</b> SB23.197328 <b>Date of Disbursement</b>
Mailing Address 607 14th Street NW Suite 800	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name <b>ROBERT P JR CASEY</b>	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BRALEY FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.198684 <b>Date of Disbursement</b>
Mailing Address P.O. Box 390	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 8 / 2 0 1 1</div> </div>
City Waterloo State IA Zip Code 50704	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name <b>BRUCE L BRALEY</b>	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BRIAN HIGGINS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197257 <b>Date of Disbursement</b>
Mailing Address P.O. Box 28	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Buffalo State NY Zip Code 14220	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name <b>BRIAN HIGGINS</b>	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRIDGE PAC

Transaction ID: SB23.197362

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Mailing Address 499 S. Capitol Street SW  
Suite 412

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Candidate Name

011
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PAC

2500.00

**B.**

Full Name (Last, First, Middle Initial)

BUILDING A MAJORITY PAC

Transaction ID: SB23.197356

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Mailing Address 10 G Street NE  
Suite 470

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement  
Contribution

Candidate Name

011
Category/ Type

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PAC

1000.00

**C.**

Full Name (Last, First, Middle Initial)

CAPUANO FOR CONGRESS COMMITTEE

Transaction ID: SB23.197297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Mailing Address P.O. Box 440305

City Somerville State MA Zip Code 02144

Amount of Each Disbursement this Period

Purpose of Disbursement  
ContributionCandidate Name  
MICHAEL E CAPUANO

011
Category/ Type

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 08

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) CARDIN FOR SENATE	<b>Transaction ID:</b> SB23.197243 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 21093	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Catonsville State MD Zip Code 21228	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name BENJAMIN L CARDIN	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) CARDIN FOR SENATE	<b>Transaction ID:</b> SB23.197321 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 21093	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Catonsville State MD Zip Code 21228	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name BENJAMIN L CARDIN	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) CEDRIC RICHMOND FOR CONGRESS	<b>Transaction ID:</b> SB23.197294 <b>Date of Disbursement</b>																				
Mailing Address 1631 Elysian Fields Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City New Orleans State LA Zip Code 70117	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name CEDRIC L. RICHMOND	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) CHC/BOLD PAC	<b>Transaction ID:</b> SB23.197363 <b>Date of Disbursement</b>																														
Mailing Address 1831 Bay Street SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		2	2		2	0	1	1																						
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																														
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">5000.00</td> </tr> </table>	0	0	0	0	0	0	0	0	0	0											5000.00									
0	0	0	0	0	0	0	0	0	0																						
5000.00																															
Category/Type 011																															
<b>B.</b> Full Name (Last, First, Middle Initial) CHELLIE PINGREE FOR CONGRESS	<b>Transaction ID:</b> SB23.197299 <b>Date of Disbursement</b>																														
Mailing Address P.O. Box 17613	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		2	2		2	0	1	1																						
City Portland State ME Zip Code 04112	<b>Amount of Each Disbursement this Period</b>																														
Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">1000.00</td> </tr> </table>	0	0	0	0	0	0	0	0	0	0											1000.00									
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1000.00																															
Category/Type 011																															
<b>C.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR JOHN OLVER FOR CONGRESS	<b>Transaction ID:</b> SB23.197295 <b>Date of Disbursement</b>																														
Mailing Address P.O. Box 819	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1										
M	M	/	D	D	/	Y	Y	Y	Y																						
0	3		2	2		2	0	1	1																						
City Amherst State MA Zip Code 01004	<b>Amount of Each Disbursement this Period</b>																														
Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 01 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="10">1000.00</td> </tr> </table>	0	0	0	0	0	0	0	0	0	0											1000.00									
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1000.00																															
Category/Type 011																															

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) CITIZENS FOR RUSH Mailing Address P.O. Box 7292	<b>Transaction ID:</b> SB23.197290 <b>Date of Disbursement</b> <div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Chicago State IL Zip Code 60680 Purpose of Disbursement Contribution Candidate Name BOBBY LEE RUSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 01	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) CITIZENS TO ELECT RICK LARSEN Mailing Address P.O. Box 326 City Everett State WA Zip Code 98206 Purpose of Disbursement Contribution Candidate Name RICHARD RAY LARSEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 02	<b>Transaction ID:</b> SB23.197266 <b>Date of Disbursement</b> <div> <div>03</div> <div>22</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) CLEAVER FOR CONGRESS Mailing Address 4801 Main Street Suite 1000 City Kansas City State MO Zip Code 64112 Purpose of Disbursement Contribution Candidate Name EMANUEL II CLEAVER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 05	<b>Transaction ID:</b> SB23.197347 <b>Date of Disbursement</b> <div> <div>03</div> <div>22</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2500.00</div> <div>011</div> Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) COHEN FOR CONGRESS	<b>Transaction ID:</b> SB23.197239 <b>Date of Disbursement</b>																				
Mailing Address 349 Kenilworth Place	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Memphis State TN Zip Code 38112	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name STEPHEN IRA COHEN	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COHEN FOR CONGRESS	<b>Transaction ID:</b> SB23.197261 <b>Date of Disbursement</b>																				
Mailing Address 349 Kenilworth Place	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Memphis State TN Zip Code 38112	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name STEPHEN IRA COHEN	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) COLLEEN HANABUSA FOR CONGRESS	<b>Transaction ID:</b> SB23.198691 <b>Date of Disbursement</b>																				
Mailing Address P.O Box 1416	<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>3</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	8		2	0	1	1												
City Honolulu State HI Zip Code 96806	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name COLLEEN WAKAKO HANABUSA	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: HI District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City State Zip Code  
 Brooklyn NY 11233

Purpose of Disbursement  
 Contribution

Candidate Name  
 EDOLPHUS TOWNS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 10

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.197314

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address P.O. Box 6162

City State Zip Code  
 Lakewood CA 90714

Purpose of Disbursement  
 Contribution

Candidate Name  
 LINDA SANCHEZ

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 39

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.197325

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS

Mailing Address 315 Inspiration Lane

City State Zip Code  
 Gaithersburg MD 20878

Purpose of Disbursement  
 Contribution

Candidate Name  
 NYDIA M VELAZQUEZ

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 12

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
 Category/  
 Type

Transaction ID: SB23.197368

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
COURTNEY FOR CONGRESS

Mailing Address P.O. Box 1372

City State Zip Code  
Vernon CT 06066Purpose of Disbursement  
ContributionCandidate Name  
JOSEPH D COURTNEYOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CT District: 02

Disbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Convention

Transaction ID: SB23.197283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
CUMMINGS FOR CONGRESSMailing Address 2901 Druid Park Drive  
Suite 203City State Zip Code  
Baltimore MD 21215Purpose of Disbursement  
ContributionCandidate Name  
ELIJAH E CUMMINGSOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 07

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.**Full Name (Last, First, Middle Initial)  
DAVID PRICE FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 1986

City State Zip Code  
Raleigh NC 27602Purpose of Disbursement  
ContributionCandidate Name  
DAVID EUGENE PRICEOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 04

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197334 <b>Date of Disbursement</b>
Mailing Address P.O. Box 71147	<div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Washington State DC Zip Code 20024	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name DEBBIE WASSERMAN SCHULTZ	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC PARTY OF WISCONSIN - FEDERAL ACCOUNT</b>	<b>Transaction ID:</b> SB23.198688 <b>Date of Disbursement</b>
Mailing Address 110 King Street Suite 203	<div> <div>03</div> <div>29</div> <div>2011</div> </div>
City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</b>	<b>Transaction ID:</b> SB23.198689 <b>Date of Disbursement</b>
Mailing Address 120 Maryland Avenue NE	<div> <div>03</div> <div>29</div> <div>2011</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>15000.00</div>
Candidate Name	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**22000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 238

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

DINGELL FOR CONGRESS

Mailing Address 19855 W. Outer Drive  
Suite 103A-E

City Dearborn State MI Zip Code 48124-0000

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN D. MR. DINGELL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 15

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197234

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

DINGELL FOR CONGRESS

Mailing Address 19855 W. Outer Drive  
Suite 103A-E

City Dearborn State MI Zip Code 48124-0000

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN D. MR. DINGELL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 15

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197326

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

DONNA F. EDWARDS FOR CONGRESS

Mailing Address P.O. Box 441153

City Fort Washington State MD Zip Code 20749

Purpose of Disbursement  
Contribution

Candidate Name  
DONNA EDWARDS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 04

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197286

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 238

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) DOYLE FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.197260 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 17426	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Pittsburgh State PA Zip Code 15235	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name MIKE DOYLE	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.197298 <b>Date of Disbursement</b>																				
Mailing Address 22 West Padonia Road Suite C-141	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Timonium State MD Zip Code 21093	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name DUTCH RUPPERSBERGER	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ELLISON FOR CONGRESS COMMITTEE	<b>Transaction ID:</b> SB23.197305 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 6072	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Minneapolis State MN Zip Code 55406	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name KEITH MAURICE ELLISON	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)

ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code  
Bronxville NY 10708

Purpose of Disbursement  
Contribution

Candidate Name  
ELIOT L ENGEL

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: SB23.197255

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

FREDERICA WILSON FOR CONGRESS

Mailing Address 19821 NW 2nd Avenue  
Box 354

City State Zip Code  
Miami FL 33169

Purpose of Disbursement  
Contribution

Candidate Name  
FREDERICA S. WILSON

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 17

Transaction ID: SB23.197284

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address P.O. Box 190

City State Zip Code  
Mineola NY 11501

Purpose of Disbursement  
Contribution

Candidate Name  
CAROLYN MCCARTHY

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: SB23.197313

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 729 15th Street NW  
3rd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name  
T TIMOTHY HOLDEN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 06

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197369

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOE BACA

Mailing Address 555 Capitol Mall  
Suite 1425

City Sacramento State CA Zip Code 95814-0000

Purpose of Disbursement  
Contribution

Candidate Name  
JOE BACA

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 42

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197231

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARROW

Mailing Address P.O. Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN J. BARROW

Office Sought: ☒ House  
☐ Senate  
☐ President

State: GA District: 12

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197343

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN CONYERS

Mailing Address 1831 Bay Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN CONYERS

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 14

Transaction ID: SB23.197302

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF LOIS CAPPs

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement  
Contribution

Candidate Name  
LOIS G CAPPs

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: SB23.197333

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MAURICE HINCHEY

Mailing Address P.O. Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement  
Contribution

Candidate Name  
MAURICE D HINCHEY

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: SB23.197256

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 209 / 238

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF MAZIE HIRONO Mailing Address P.O. Box 677	<b>Transaction ID:</b> SB23.197233 <b>Date of Disbursement</b> <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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	1	1													
City Honolulu State HI Zip Code 96809 Purpose of Disbursement Contribution Candidate Name MAZIE MRS. HIRONO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: HI District: 02 Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> 011 Category/Type	1000.00																				
1000.00																						
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO Mailing Address 12 Trumbull Street City New Haven State CT Zip Code 06511 Purpose of Disbursement Contribution Candidate Name ROSA L DELAURO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: CT District: 03 Other (specify) ▼	<b>Transaction ID:</b> SB23.197232 <b>Date of Disbursement</b> <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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> 011 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	1	1													
1000.00																						
<b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Contribution Candidate Name SHERROD BROWN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OH District: 00 Other (specify) ▼	<b>Transaction ID:</b> SB23.197244 <b>Date of Disbursement</b> <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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>1000.00</td> </tr> </table> 011 Category/Type	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	0		2	0	1	1													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name SHERROD BROWN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 00</p>	<p><b>Transaction ID:</b> SB23.197318</p> <p>Date of Disbursement  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 3 / 2 2 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address P.O. Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name GENE GREEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 29</p>	<p><b>Transaction ID:</b> SB23.197263</p> <p>Date of Disbursement  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 3 / 2 2 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) GERRY CONNOLLY FOR CONGRESS</p> <p>Mailing Address P.O. Box 563</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement Contribution <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name GERRY E CONNOLLY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: VA District: 11</p>	<p><b>Transaction ID:</b> SB23.197240</p> <p>Date of Disbursement  <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">0 3 / 1 0 / 2 0 1 1</div> </div> </p> <p>Amount of Each Disbursement this Period  <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A. Full Name (Last, First, Middle Initial)  
GERRY CONNOLLY FOR CONGRESS**

Mailing Address P.O. Box 563

City Merrifield State VA Zip Code 22116

Purpose of Disbursement  
ContributionCandidate Name  
GERRY E CONNOLLYOffice Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 11

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197324

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B. Full Name (Last, First, Middle Initial)  
GIFFORDS FOR CONGRESS**

Mailing Address P.O. Box 12886

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
ContributionCandidate Name  
GABRIELLE GIFFORDSOffice Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 08

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.198687

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
GILLIBRAND FOR SENATE**

Mailing Address P.O. Box 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
ContributionCandidate Name  
KIRSTEN ELIZABETH GILLIBRANDOffice Sought: ☐ House  
☒ Senate  
☐ President

State: NY District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197349

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.**

Full Name (Last, First, Middle Initial)

GREEN MOUNTAIN PAC

Mailing Address P.O. Box 1142

City  
Montpelier

State  
VT

Zip Code  
05601

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PAC

Transaction ID: SB23.197357

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

HANSEN CLARKE FOR CONGRESS

Mailing Address 3143 Woodward

City  
Detroit

State  
MI

Zip Code  
48201

Purpose of Disbursement  
Contribution

Candidate Name  
HANSEN CLARKE

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.197301

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

HASTINGS FOR CONGRESS

Mailing Address P.O. Box 100277

City  
Fort Lauderdale

State  
FL

Zip Code  
33310

Purpose of Disbursement  
Contribution

Candidate Name  
ALCEE L HASTINGS

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 23

Transaction ID: SB23.197285

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 213 / 238

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	<b>Transaction ID:</b> SB23.197354 <b>Date of Disbursement</b>																				
Mailing Address 4201 Northview Drive Suite 307	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Bowie State MD Zip Code 20716-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name STENY H HOYER	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) INSLEE FOR CONGRESS	<b>Transaction ID:</b> SB23.197241 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 33027	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Seattle State WA Zip Code 98133	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name JAY R MR. INSLEE	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) ISRAEL FOR CONGRESS	<b>Transaction ID:</b> SB23.197348 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 777	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Deer Park State NY Zip Code 11729	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution Candidate Name STEVE ISRAEL	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JUDY CHU FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197277 <b>Date of Disbursement</b>
Mailing Address 4153 North Maine Avenue	<div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Baldwin Park State CA Zip Code 91706	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name JUDY CHU	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KAPTUR FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197258 <b>Date of Disbursement</b>
Mailing Address P.O. Box 899	<div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Toledo State OH Zip Code 43697	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name MARCY C HON. KAPTUR	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 09	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KAREN BASS FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197278 <b>Date of Disbursement</b>
Mailing Address 4322 Wilshire Blvd. #301	<div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Los Angeles State CA Zip Code 90010	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name KAREN BASS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 33	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>KEEP NICK RAHALL IN CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.197268 <b>Date of Disbursement</b>
Mailing Address P.O. Box 64	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Beckley State WV Zip Code 25801-0000	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name <b>NICK JOE II RAHALL</b>	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 03	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>KILDEE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197336 <b>Date of Disbursement</b>
Mailing Address P.O. Box 317	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Flint State MI Zip Code 48501-0000	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name <b>DALE KILDEE</b>	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>KISSELL FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197315 <b>Date of Disbursement</b>
Mailing Address 106 E. Main Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name <b>LARRY W KISSELL</b>	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4000.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS	<b>Transaction ID:</b> SB23.197338 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 3314	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name KURT SCHRADER	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LARSON FOR CONGRESS	<b>Transaction ID:</b> SB23.197342 <b>Date of Disbursement</b>																				
Mailing Address 631 G Street SE #1	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Washington State DC Zip Code 20003	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name JOHN B LARSON	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LAURA RICHARDSON FOR CONGRESS	<b>Transaction ID:</b> SB23.197279 <b>Date of Disbursement</b>																				
Mailing Address 1212 S. Victory Blvd.	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Burbank State CA Zip Code 91502	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name LAURA RICHARDSON	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

**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 220 / 238

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MATSUI FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197269 <b>Date of Disbursement</b>																				
Mailing Address 122 C Street NW #505	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name DORIS MATSUI	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MCCOLLUM FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197304 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 14131	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Saint Paul State MN Zip Code 55114	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name BETTY MCCOLLUM	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MCNERNEY FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.197272 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 12022	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Pleasanton State CA Zip Code 94588	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name JERRY MCNERNEY	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>MONTANANS FOR TESTER</b>	<b>Transaction ID:</b> SB23.197352 <b>Date of Disbursement</b>
Mailing Address P.O. Box 1135	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>2500.00</div>
Candidate Name JON TESTER	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>MOORE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.197267 <b>Date of Disbursement</b>
Mailing Address P.O. Box 16646	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Milwaukee State WI Zip Code 53216	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name GWENDOLYNNE MOORE	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MOVING AMERICA FORWARD</b>	<b>Transaction ID:</b> SB23.197253 <b>Date of Disbursement</b>
Mailing Address 972 W. Whitmire Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 0 / 2 0 1 1</div> </div>
City Melbourne State FL Zip Code 32935	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS	<b>Transaction ID:</b> SB23.197353 <b>Date of Disbursement</b>
Mailing Address 235 Montgomery Street Suite 610	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City San Francisco State CA Zip Code 94104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>5000.00</div>
Candidate Name NANCY PELOSI	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) NAPOLITANO FOR CONGRESS	<b>Transaction ID:</b> SB23.197281 <b>Date of Disbursement</b>
Mailing Address 555 Capitol Mall Suite 1425	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Sacramento State CA Zip Code 95814	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1000.00</div>
Candidate Name GRACE NAPOLITANO	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) NELSON FOR U.S. SENATE	<b>Transaction ID:</b> SB23.197327 <b>Date of Disbursement</b>
Mailing Address P.O. Box 540154	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 2 / 2 0 1 1</div> </div>
City Omaha State NE Zip Code 68154	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>1500.00</div>
Candidate Name E BENJAMIN NELSON	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) NEW MILLENIUM PAC	<b>Transaction ID:</b> SB23.197252 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 632	<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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	1	1												
City Union City State NJ Zip Code 07087	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					
<b>B.</b> Full Name (Last, First, Middle Initial) NORM DICKS FOR CONGRESS	<b>Transaction ID:</b> SB23.197332 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 1663	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Tacoma State WA Zip Code 98401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name NORMAN D DICKS	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 06 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
<b>C.</b> Full Name (Last, First, Middle Initial) OPPORTUNITY AND RENEWAL PAC	<b>Transaction ID:</b> SB23.197358 <b>Date of Disbursement</b>																				
Mailing Address 122 C Street NW Suite 505	<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>3</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	2		2	0	1	1												
City Washington State DC Zip Code 20001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 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

A.

Full Name (Last, First, Middle Initial)

PAUL TONKO FOR CONGRESS

Mailing Address 911 Central Avenue  
#221

City Albany State NY Zip Code 12206-1350

Purpose of Disbursement  
Contribution

Candidate Name  
PAUL DAVID TONKO

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 21

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.198682

Date of Disbursement

03 / 28 / 2011

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

B.

Full Name (Last, First, Middle Initial)

PEOPLE FOR BEN

Mailing Address P.O. Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
Contribution

Candidate Name  
BEN R MR. LUJAN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NM District: 03

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197312

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

C.

Full Name (Last, First, Middle Initial)

PETERS FOR CONGRESS

Mailing Address P.O. Box 226

City Bloomfield Hills State MI Zip Code 48303-0226

Purpose of Disbursement  
Contribution

Candidate Name  
GARY PETERS

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 09

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197317

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.** Full Name (Last, First, Middle Initial)  
PETE STARK RE-ELECTION COMMITTEE

Mailing Address P.O. Box 8331

City State Zip Code  
 Freemont CA 94537

Purpose of Disbursement  
Contribution

Candidate Name  
FORTNEY PETE STARK

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 13

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197274

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
RANGEL FOR CONGRESS

Mailing Address P.O. Box 5577  
 Manhattanville Station

City State Zip Code  
 New York NY 10027

Purpose of Disbursement  
Contribution

Candidate Name  
CHARLES B. RANGEL

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197254

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
RE-ELECT MCGOVERN COMMITTEE

Mailing Address P.O. Box 60405

City State Zip Code  
 Worcester MA 01606-0405

Purpose of Disbursement  
Contribution

Candidate Name  
JIM MCGOVERN

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 03

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197296

Date of Disbursement

/   /

Amount of Each Disbursement this Period

011

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A. Full Name (Last, First, Middle Initial)  
RUSS CARNAHAN FOR CONGRESS COMMITTEE**Mailing Address 7370 Manchester  
Suite 20

City Saint Louis State MO Zip Code 63143

Purpose of Disbursement  
ContributionCandidate Name  
RUSS CARNAHAN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: SB23.197242

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**B. Full Name (Last, First, Middle Initial)  
SANFORD BISHOP FOR CONGRESS**

Mailing Address P.O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement  
ContributionCandidate Name  
SANFORD D JR BISHOP011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 02

Transaction ID: SB23.197287

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
SCHAKOWSKY FOR CONGRESS**

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement  
ContributionCandidate Name  
JANICE D SCHAKOWSKY011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

Transaction ID: SB23.197335

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 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

A.

Full Name (Last, First, Middle Initial)

SOUTH DAKOTA FIRST PAC

Mailing Address P.O. Box 155

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PAC

Transaction ID: SB23.197359

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

SOUTHWEST LEADERSHIP FUND

Mailing Address P.O. Box 25084

City  
Albuquerque

State  
NM

Zip Code  
87125

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

PAC

Transaction ID: SB23.197251

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STABENOW FOR SENATE

Mailing Address P.O. Box 4945

City  
East Lansing

State  
MI

Zip Code  
48826-0000

Purpose of Disbursement  
Contribution

Candidate Name  
DEBBIE STABENOW

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.197247

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STABENOW FOR SENATE

Mailing Address P.O. Box 4945

City  
East LansingState  
MIZip Code  
48826-0000Purpose of Disbursement  
ContributionCandidate Name  
DEBBIE STABENOW011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: SB23.197320

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

THE CICILLINE COMMITTEE

Mailing Address P.O. Box 9107

City  
ProvidenceState  
RIZip Code  
02940Purpose of Disbursement  
ContributionCandidate Name  
DAVID N CICILLINE011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 01

Transaction ID: SB23.197249

Date of Disbursement

03 / 10 / 2011

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

THE COMMITTEE TO RE-ELECT CONGRESSMAN HANK JOHNSON

Mailing Address 6440 Old Hillandale Drive  
Suite 262City  
LithoniaState  
GAZip Code  
30058Purpose of Disbursement  
ContributionCandidate Name  
HENRY C 'HANK' JR JOHNSON011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 04

Transaction ID: SB23.197303

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
THE REYES COMMITTEE, INC.

Mailing Address 1011 Montana

City State Zip Code  
El Paso TX 79902Purpose of Disbursement  
ContributionCandidate Name  
SILVESTRE REYES011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 16

Transaction ID: SB23.197262

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City State Zip Code  
Niles OH 44446Purpose of Disbursement  
ContributionCandidate Name  
TIMOTHY J. RYAN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.197238

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City State Zip Code  
Niles OH 44446Purpose of Disbursement  
ContributionCandidate Name  
TIMOTHY J. RYAN011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.197259

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

TOTAL This Period (last page this line number only) ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.** Full Name (Last, First, Middle Initial)  
TIM WALZ FOR US CONGRESS

Mailing Address P.O. Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
Contribution

Candidate Name  
TIMOTHY J. WALZ

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 01

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.197346

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
TOM PAC

Mailing Address P.O. Box 752

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

PAC

Transaction ID: SB23.197360

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
TREASURE STATE PAC

Mailing Address P.O. Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

PAC

Transaction ID: SB23.197361

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>WELCH FOR CONGRESS</b> Mailing Address P.O. Box 1086	<b>Transaction ID:</b> SB23.197265 <b>Date of Disbursement</b> <div> <div>03</div> <div>22</div> <div>2011</div> </div>
City Montpelier State VT Zip Code 05601 Purpose of Disbursement Contribution Candidate Name PETER WELCH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VT District: 00	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WHITEHOUSE FOR SENATE</b> Mailing Address P.O. Box 40280 City Providence State RI Zip Code 02940 Purpose of Disbursement Contribution Candidate Name SHELDON II WHITEHOUSE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00	<b>Transaction ID:</b> SB23.197246 <b>Date of Disbursement</b> <div> <div>03</div> <div>10</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) <b>WHITEHOUSE FOR SENATE</b> Mailing Address P.O. Box 40280 City Providence State RI Zip Code 02940 Purpose of Disbursement Contribution Candidate Name SHELDON II WHITEHOUSE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: RI District: 00	<b>Transaction ID:</b> SB23.197319 <b>Date of Disbursement</b> <div> <div>03</div> <div>22</div> <div>2011</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <div>011</div> Category/Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**3000.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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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

**A.** Full Name (Last, First, Middle Initial)  
WOMEN'S CAMPAIGN FORUM

Mailing Address 1900 L Street NW  
Suite 500

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District: PAC

Transaction ID: SB23.197365

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
WOOLSEY FOR CONGRESS

Mailing Address PO Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement  
Contribution

Candidate Name  
LYNN C WOOLSEY

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 06

Transaction ID: SB23.197270

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
YARMUTH FOR CONGRESS

Mailing Address 1815 Brownsboro Road

City Louisville State KY Zip Code 40206

Purpose of Disbursement  
Contribution

Candidate Name  
JOHN A MR YARMUTH

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: SB23.197292

Date of Disbursement

03 / 22 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

223500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK LOANS

Mailing Address P.O. Box 5660

City  
Hicksville

State  
NY

Zip Code  
11802-5660

Purpose of Disbursement  
Loan Payment 3/11/2011

Candidate Name

009  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB26.198706

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 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

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FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

Transaction ID: SC/10.178222

**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

1500000.00

Cumulative Payment To Date

1062498.00

Balance Outstanding at Close of This Period

437502.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
1 8Y Y Y Y  
2 0 1 0

12/31/2011

4.25 % (apr)

☒ 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:**SUBTOTALS** This Period This Page (optional) ▶

437502.00

**TOTALS** This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; 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

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0D D  
2 2Y Y Y Y  
2 0 1 0

12/31/2011

4.25 % (apr)

☒ 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:**SUBTOTALS** This Period This Page (optional) ▶

500000.00

**TOTALS** This Period (last page in this line only) ▶

937502.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.