

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (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 01 01 2008 through 01 31 2008

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 WILLIAM LUCY

Signature of Treasurer Electronically Filed by WILLIAM LUCY Date 02 20 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		950229.47
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	950229.47									
(c) Total Receipts (from Line 19) .....	632166.04	632166.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1582395.51	1582395.51								
7. Total Disbursements (from Line 31) .....	864767.77	864767.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	717627.74	717627.74								
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) .....	11118.78									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	4545.79	4545.79
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	627344.38	627344.38
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	631890.17	631890.17
(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) .....	631890.17	631890.17
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	275.87	275.87
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)) .....	632166.04	632166.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	632166.04	632166.04

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	23102.06	23102.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	23102.06	23102.06
22. Transfers to Affiliated/Other Party Committees.....	75000.00	75000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17160.00	17160.00
24. Independent Expenditure (use Schedule E) .....	749505.71	749505.71
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	864767.77	864767.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	864767.77	864767.77

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	631890.17	631890.17
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	631890.17	631890.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	23102.06	23102.06
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23102.06	23102.06

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) HENRY BAYER		Date of Receipt
	Mailing Address 1507 W. Chase Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 1 5 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60626-2125
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.104524
Name of Employer AFSCME IL CN 31		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.72	214.72

<b>B.</b>	Full Name (Last, First, Middle Initial) HENRY BAYER		Date of Receipt
	Mailing Address 1507 W. Chase Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Chicago	IL	60626-2125
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.104525
Name of Employer AFSCME IL CN 31		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.72	28.00

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL BOOTH		Date of Receipt
	Mailing Address 3724 Benton Street NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8
	City	State	Zip Code
	Washington	DC	20007-1803
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.104511
Name of Employer AFSCME INT'L		Occupation EXECUTIVE ASST. TO PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 347.32	173.66

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>416.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DIANE BURKE		Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 6626 Potomac Avenue, A1		Transaction ID: SA11AI.104513
	City Alexandria	State VA	Zip Code 22307
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 107.01
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 214.02	

<b>B.</b>	Full Name (Last, First, Middle Initial) DENISE DOWELL		Date of Receipt MM / DD / YYYY 01 / 11 / 2008
	Mailing Address 320 E Thompson St.		Transaction ID: SA11AI.102556
	City Philadelphia	State PA	Zip Code 19125
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 2520 Helen Street		Transaction ID: SA11AI.104540
	City Hatboro	State PA	Zip Code 19040
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 114.00
	Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 242.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1221.01
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) PATRICIA GLYNN		Date of Receipt MM / DD / YYYY 01 / 18 / 2008		
	Mailing Address 55 Aberdeen Avenue		Transaction ID: SA11AI.103562		
	City Cambridge	State MA	Zip Code 02138-4646	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 542.13			

<b>B.</b>	Full Name (Last, First, Middle Initial) PATRICIA GLYNN		Date of Receipt MM / DD / YYYY 01 / 28 / 2008		
	Mailing Address 55 Aberdeen Avenue		Transaction ID: SA11AI.104515		
	City Cambridge	State MA	Zip Code 02138-4646	Amount of Each Receipt this Period 42.13	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 584.26			

<b>C.</b>	Full Name (Last, First, Middle Initial) DANNY HOMAN		Date of Receipt MM / DD / YYYY 01 / 25 / 2008		
	Mailing Address 3000 ISABELLA		Transaction ID: SA11AI.104527		
	City SIOUX CITY	State IA	Zip Code 51103-2134	Amount of Each Receipt this Period 142.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IA CN 61	Occupation REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 213.64			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	684.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CHARLES JURGONIS	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 11704 Bobs Ford Road	<b>Transaction ID:</b> SA11AI.104517
	City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 149.25
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.50	

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM LUCY	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 1831 Sudbury Lane NW	<b>Transaction ID:</b> SA11AI.104519
	City State Zip Code WASHINGTON DC 20012-2202	Amount of Each Receipt this Period 128.56
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME INT'L SECRETARY TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 257.12	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERTA LYNCH	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 4650 N. Hermitage Street	<b>Transaction ID:</b> SA11AI.104529
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME IL CN 31 DEPUTY DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.24	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>291.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) GERALD MCENTEE	Date of Receipt MM / DD / YYYY 01 / 28 / 2008
	Mailing Address 800 25th Street NW Apt. #406	<b>Transaction ID:</b> SA11AI.104521
	City Washington State DC Zip Code 20037-2207	Amount of Each Receipt this Period 151.52
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 303.04	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL D. MURPHY	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 4221 Wanetah Trail	<b>Transaction ID:</b> SA11AI.104531
	City Madison State WI Zip Code 53711	Amount of Each Receipt this Period 278.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME WI CN 40 Occupation FIELD ORGANIZER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 308.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LETTIE OLIVER	Date of Receipt MM / DD / YYYY 01 / 07 / 2008
	Mailing Address 1424 North Pennsylvania Street	<b>Transaction ID:</b> SA11AI.102499
	City Indianapolis State IN Zip Code 46202	Amount of Each Receipt this Period 336.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer AFSCME IN CN 62 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 336.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>765.52</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 33  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LETTIE OLIVER

Mailing Address 1424 North Pennsylvania Street

City Indianapolis State IN Zip Code 46202

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

Name of Employer AFSCME IN CN 62 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 392.00

Date of Receipt 01 / 30 / 2008  
Transaction ID: SA11AI.103874  
Amount of Each Receipt this Period 56.00

**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 ▼ 240.00

Date of Receipt 01 / 24 / 2008  
Transaction ID: SA11AI.104533  
Amount of Each Receipt this Period 80.00

**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 ▼ 254.00

Date of Receipt 01 / 25 / 2008  
Transaction ID: SA11AI.104534  
Amount of Each Receipt this Period 14.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ELIOT A. SEIDE		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 8		
	Mailing Address 300 Hardman Avenue South		Transaction ID: SA11AI.104536		
	City South St. Paul	State MN	Zip Code 55075	Amount of Each Receipt this Period 114.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MN CN 5/CN14	Occupation EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.72			

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 8 / 2 0 0 8		
	Mailing Address 12001 Market Street Unit 450		Transaction ID: SA11AI.104523		
	City Reston	State VA	Zip Code 20190	Amount of Each Receipt this Period 100.94	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, ACCOUNTING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.88			

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN H. THOMPSON		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 6 / 2 0 0 8		
	Mailing Address 110 EAST MEYER		Transaction ID: SA11AI.104537		
	City NEW CASTLE	State PA	Zip Code 16105	Amount of Each Receipt this Period 312.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer NESHANNOCK TOWNSHIP SUPERVISORS	Occupation FOREMAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	526.94
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID WARRICK	Date of Receipt MM / DD / YYYY 01 / 07 / 2008
	Mailing Address 2638 JAY COURT	<b>Transaction ID:</b> SA11AI.102500
	City State Zip Code Indianapolis IN 46229	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME IN CN 62 UNION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID WARRICK	Date of Receipt MM / DD / YYYY 01 / 25 / 2008
	Mailing Address 2638 JAY COURT	<b>Transaction ID:</b> SA11AI.104541
	City State Zip Code Indianapolis IN 46229	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME IN CN 62 UNION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVID WARRICK	Date of Receipt MM / DD / YYYY 01 / 30 / 2008
	Mailing Address 2638 JAY COURT	<b>Transaction ID:</b> SA11AI.103873
	City State Zip Code Indianapolis IN 46229	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation AFSCME IN CN 62 UNION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>490.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>4545.79</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) AMALGAMATED BANK		Date of Receipt
	Mailing Address 275 7th Avenue		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	New York	NY	10001
	FEC ID number of contributing federal political committee.		Transaction ID: SA17.103795
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="275.87"/>	
Interest Income 1/31/08			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="275.87"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="275.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="275.87"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

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

A.	Full Name (Last, First, Middle Initial) AFSCME INTERNATIONAL	Transaction ID: SB21B.102759 Date of Disbursement																			
	Mailing Address 1625 L STREET NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	4	/	2	0	0	8												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nevada ID Calls Candidate Name	<table border="1"><tr><td>10200.00</td></tr></table>	10200.00																		
10200.00																					
	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) ▼	<table border="1"><tr><td>001</td></tr><tr><td>Category/Type</td></tr></table>	001	Category/Type																	
001																					
Category/Type																					

B.	Full Name (Last, First, Middle Initial) AFSCME INTERNATIONAL	Transaction ID: SB21B.103544 Date of Disbursement																			
	Mailing Address 1625 L STREET NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	8	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	1	8	/	2	0	0	8												
	City WASHINGTON State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Nevada ID Calls Candidate Name	<table border="1"><tr><td>2555.51</td></tr></table>	2555.51																		
2555.51																					
	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) ▼	<table border="1"><tr><td>001</td></tr><tr><td>Category/Type</td></tr></table>	001	Category/Type																	
001																					
Category/Type																					

C.	Full Name (Last, First, Middle Initial) BART GROUP	Transaction ID: SB21B.102223 Date of Disbursement																			
	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>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	4	/	2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	4	/	2	0	0	8												
	City Port Washington State NY Zip Code 11050	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Service Charge Candidate Name	<table border="1"><tr><td>109.60</td></tr></table>	109.60																		
109.60																					
	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) ▼	<table border="1"><tr><td>001</td></tr><tr><td>Category/Type</td></tr></table>	001	Category/Type																	
001																					
Category/Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>12865.11</td></tr></table>	12865.11
12865.11		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-ED

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>WINNING CONNECTIONS INC.</b>	<b>Transaction ID:</b> SB21B.103545 Date of Disbursement 01 / 18 / 2008	
	Mailing Address 317 Pennsylvania Ave., SE 2nd Floor		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 5874.00	
	Purpose of Disbursement Nevada ID Calls Candidate Name	001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>WINNING CONNECTIONS INC.</b>	<b>Transaction ID:</b> SB21B.103675 Date of Disbursement 01 / 31 / 2008	
	Mailing Address 317 Pennsylvania Ave., SE 2nd Floor		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1664.20	
	Purpose of Disbursement California ID Calls Candidate Name	001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>WINNING CONNECTIONS INC.</b>	<b>Transaction ID:</b> SB21B.103676 Date of Disbursement 01 / 31 / 2008	
	Mailing Address 317 Pennsylvania Ave., SE 2nd Floor		
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 2698.75	
	Purpose of Disbursement California ID Calls Candidate Name	001 Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10236.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>23102.06</b>



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 33

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

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

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

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

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Candidate Name

**008**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB22.101834**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Candidate Name

**008**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB22.102763**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 33

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

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

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

A.	Full Name (Last, First, Middle Initial) ANDRE CARSON FOR CONGRESS	Transaction ID: SB23.103683 Date of Disbursement
	Mailing Address 2527 N. Alabama Street	<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2008"/>
	City Indianapolis State IN Zip Code 46205	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution SPECIAL ELECTION Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS	Transaction ID: SB23.103511 Date of Disbursement
	Mailing Address P. O. BOX 703	<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution - SPECIAL PRIMARY Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	

C.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS	Transaction ID: SB23.103513 Date of Disbursement
	Mailing Address P. O. BOX 703	<input type="text" value="01"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="2500.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="10000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

A.

Full Name (Last, First, Middle Initial)  
DON PAYNE FOR CONGRESS

Mailing Address P. O. BOX 2406

City State Zip Code  
NEWARK NJ 07114

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.103514  
Date of Disbursement

01 / 23 / 2008

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
GUTIERREZ FOR CONGRESS

Mailing Address 2146 West Churchill Street

City State Zip Code  
Chicago IL 60647

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.103685  
Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)  
SCHAKOWSKY FOR CONGRESS

Mailing Address P. O. BOX 5130

City State Zip Code  
Evanston IL 60204

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.103674  
Date of Disbursement

01 / 31 / 2008

Amount of Each Disbursement this Period

1500.00

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)

PAGE 20 / 33

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

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

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

A.

Full Name (Last, First, Middle Initial)

SUDLER & ASSOCIATES

Transaction ID: SB23.101833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	0	8

Mailing Address 11229 Lockwood Drive

City State Zip Code  
Silver Spring MD 20901

Amount of Each Disbursement this Period

660.00
--------

Purpose of Disbursement  
INKIND- PAC -Nevada Democratic Party

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

660.00
--------

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

17160.00
----------

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

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor EAGLE SIGN COMPANY			Nature of Debt (Purpose): Billboard
Mailing Address 5130 Park Avenue			
City Des Moines	State IA	ZIP Code 50321-1247	

Outstanding Balance Beginning This Period		Transaction ID: SD10.102761	
401.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	401.00	0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor WINNING CONNECTIONS INC.			Nature of Debt (Purpose): California Persuasion Cal-Is
Mailing Address 317 Pennsylvania Ave., SE 2nd Floor			
City Washington	State DC	ZIP Code 20003	

Outstanding Balance Beginning This Period		Transaction ID: SD10.104551	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
11118.78	0.00	11118.78	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	11118.78
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	11118.78
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	11118.78

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

---

Mailing Address  
718 Seventh Street, NW  
Suite 310

---

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

---

Purpose of Expenditure Mailing/NH	Category/ Type 006
--------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NH)

---

Calendar Year-To-Date Per Election for Office Sought	42287.80
---	----------

Date  
MM / DD / YYYY  
01 / 02 / 2008

Amount  
42287.80

Transaction ID: SE.101801

Office Sought:  House State: NH  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

---

Mailing Address  
718 Seventh Street, NW  
Suite 310

---

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

---

Purpose of Expenditure Mailing/NV	Category/ Type 006
--------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

---

Calendar Year-To-Date Per Election for Office Sought	28665.00
---	----------

Date  
MM / DD / YYYY  
01 / 10 / 2008

Amount  
28665.00

Transaction ID: SE.102330

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	70952.80
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure Category/Type  
Mailing/NV 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

Calendar Year-To-Date Per Election for Office Sought 59477.61

Date  
MM / DD / YYYY  
01 / 11 / 2008

Amount  
30812.61

Transaction ID: SE.102336

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure Category/Type  
Mailing/NV 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

Calendar Year-To-Date Per Election for Office Sought 303290.22

Date  
MM / DD / YYYY  
01 / 14 / 2008

Amount  
30812.61

Transaction ID: SE.102352

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	61625.22
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

---

Mailing Address  
718 Seventh Street, NW  
Suite 310

---

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

---

Purpose of Expenditure Mailing/NV	Category/ Type 006
--------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

---

Calendar Year-To-Date Per Election for Office Sought	344902.83
---	-----------

Date  
MM / DD / YYYY  
01 / 15 / 2008

Amount  
30812.61

Transaction ID: SE.102591

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

---

Mailing Address  
718 Seventh Street, NW  
Suite 310

---

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

---

Purpose of Expenditure Mailing/CA	Category/ Type 006
--------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

---

Calendar Year-To-Date Per Election for Office Sought	77389.79
---	----------

Date  
MM / DD / YYYY  
01 / 25 / 2008

Amount  
77389.79

Transaction ID: SE.103517

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	108202.40
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure Category/Type  
Mailing/CA 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Calendar Year-To-Date Per Election for Office Sought 119670.40

Date  
MM / DD / YYYY  
01 / 29 / 2008

Amount  
42280.61

Transaction ID: SE.103518

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure Category/Type  
Mailing/CA 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Calendar Year-To-Date Per Election for Office Sought 159655.86

Date  
MM / DD / YYYY  
01 / 29 / 2008

Amount  
39985.46

Transaction ID: SE.103533

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	82266.07
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure  
Mailing/CA  
Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Calendar Year-To-Date Per Election for Office Sought 310838.14

Date  
MM / DD / YYYY  
01 / 31 / 2008

Amount  
39985.46  
Transaction ID: SE.103534

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
360 JMG, LLC

Mailing Address  
718 Seventh Street, NW  
Suite 310

City State Zip Code  
Washington DC 20001

Purpose of Expenditure  
Mailing/CA  
Category/Type 006

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Calendar Year-To-Date Per Election for Office Sought 353118.75

Date  
MM / DD / YYYY  
01 / 31 / 2008

Amount  
42280.61  
Transaction ID: SE.103535

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	82266.07
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
ADELSTEIN LISTON

Date  
M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Mailing Address  
222 West Ontario Street  
Suite 600

Amount  
213000.00

City State Zip Code  
Chicago IL 60610

Transaction ID: SE.102339  
Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
Media Buy/NV 004

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
272477.61

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
ADELSTEIN LISTON

Date  
M M / D D / Y Y Y Y  
0 1 / 1 4 / 2 0 0 8

Mailing Address  
222 West Ontario Street  
Suite 600

Amount  
10800.00

City State Zip Code  
Chicago IL 60610

Transaction ID: SE.102592  
Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
Media Buy/NV 004

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
314090.22

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	223800.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 8

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
ADELSTEIN LISTON

Date  
MM / DD / YYYY  
01 / 29 / 2008

Mailing Address  
222 West Ontario Street  
Suite 600

Amount  
97500.00

City State Zip Code  
Chicago IL 60610

**Transaction ID:** SE.103538  
Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
Media Buy/CA 004

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
257155.86

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
ADELSTEIN LISTON

Date  
MM / DD / YYYY  
01 / 29 / 2008

Mailing Address  
222 West Ontario Street  
Suite 600

Amount  
8996.82

City State Zip Code  
Chicago IL 60610

**Transaction ID:** SE.103539  
Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Purpose of Expenditure Category/Type  
Media Buy/CA 004

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
266152.68

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	<b>106496.82</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<input style="width:100%;" type="text"/>
(c) <b>TOTAL</b> Independent Expenditures .....	<input style="width:100%;" type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
ADELSTEIN LISTON

---

Mailing Address  
222 West Ontario Street  
Suite 600

---

City	State	Zip Code
Chicago	IL	60610

---

Purpose of Expenditure Media Buy/CA	Category/ Type	004
--	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (CA)

---

Calendar Year-To-Date Per Election for Office Sought	270852.68
---	-----------

Date  
MM / DD / YYYY  
01 / 29 / 2008

Amount  
4700.00

Transaction ID: SE.103546

Office Sought:  House State: CA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

---

Mailing Address  
1625 L STREET NW

---

City	State	Zip Code
WASHINGTON	DC	20036

---

Purpose of Expenditure STAFF COSTS	Category/ Type	001
---------------------------------------	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (IA)

---

Calendar Year-To-Date Per Election for Office Sought	287.49
---	--------

Date  
MM / DD / YYYY  
01 / 03 / 2008

Amount  
287.49

Transaction ID: SE.101807

Office Sought:  House State: IA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	4987.49
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date MM / DD / YYYY  
02 / 20 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

---

Mailing Address  
1625 L STREET NW

---

City	State	Zip Code
WASHINGTON	DC	20036

---

Purpose of Expenditure Polling	Category/ Type	005
-----------------------------------	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (IA)

---

Calendar Year-To-Date Per Election for Office Sought	1739.49
---	---------

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

Amount  
1452.00

Transaction ID: SE.101808

Office Sought:  House State: IA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

---

Mailing Address  
1625 L STREET NW

---

City	State	Zip Code
WASHINGTON	DC	20036

---

Purpose of Expenditure STAFF COSTS	Category/ Type	001
---------------------------------------	-------------------	-----

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (IA)

---

Calendar Year-To-Date Per Election for Office Sought	2000.84
---	---------

Date  
M M / D D / Y Y Y Y  
0 1 / 0 4 / 2 0 0 8

Amount  
261.35

Transaction ID: SE.101812

Office Sought:  House State: IA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	1713.35
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 8

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

Date  
MM / DD / YYYY  
01 / 04 / 2008

Mailing Address  
1625 L STREET NW

Amount  
917.40

City State Zip Code  
WASHINGTON DC 20036

Transaction ID: SE.101813

Purpose of Expenditure  
Polling

Category/Type  
005

Office Sought:  House State: IA  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (IA)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
2918.24

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

Date  
MM / DD / YYYY  
01 / 18 / 2008

Mailing Address  
1625 L STREET NW

Amount  
463.09

City State Zip Code  
WASHINGTON DC 20036

Transaction ID: SE.103540

Purpose of Expenditure  
STAFF COSTS

Category/Type  
001

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

Check One:  Support  Oppose

Calendar Year-To-Date Per Election for Office Sought  
345365.92

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	1380.49
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date  
MM / DD / YYYY  
02 / 20 / 2008

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER <b>C</b> C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
AFSCME INTERNATIONAL

---

Mailing Address  
1625 L STREET NW

---

City WASHINGTON	State DC	Zip Code 20036
--------------------	-------------	-------------------

---

Purpose of Expenditure Polling	Category/ Type 005
-----------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (NV)

---

Calendar Year-To-Date Per Election for Office Sought	347279.92
---	-----------

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

Amount  
1914.00

Transaction ID: SE.103541

Office Sought:  House State: NV  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

Full Name (Last, First, Middle, Initial) of Payee  
EAGLE SIGN COMPANY

---

Mailing Address  
5130 Park Avenue

---

City Des Moines	State IA	Zip Code 50321-1247
--------------------	-------------	------------------------

---

Purpose of Expenditure Billboard	Category/ Type 004
-------------------------------------	--------------------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
HILLARY CLINTON (IA)

---

Calendar Year-To-Date Per Election for Office Sought	3319.24
---	---------

Date  
M M / D D / Y Y Y Y  
0 1 / 1 5 / 2 0 0 8

Amount  
401.00

Transaction ID: SE.102762

Office Sought:  House State: IA  
 Senate District: 00  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General  
 Other (specify) : \_\_\_\_\_  
2008

(a) SUBTOTAL of Itemized Independent Expenditures .....	2315.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY  
Signature

Date M M / D D / Y Y Y Y  
0 2 / 2 0 / 2 0 0 8



# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FEC IDENTIFICATION NUMBER <b>C</b> C00011114	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 0 1 / 1 8 / 2 0 0 8	
Full Name (Last, First, Middle, Initial) of Payee WINNING CONNECTIONS INC.		Amount 3500.00	
Mailing Address 317 Pennsylvania Ave., SE 2nd Floor		Transaction ID: SE.103542	
City Washington	State DC	Zip Code 20003	Office Sought: <input type="checkbox"/> House State: NV <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> Presidential
Purpose of Expenditure GOTV Calls		Category/Type 001	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: HILLARY CLINTON (NV)		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2008	
Calendar Year-To-Date Per Election for Office Sought		350779.92	

(a) SUBTOTAL of Itemized Independent Expenditures .....	3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	749505.71
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
WILLIAM LUCY Signature	Date M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8