

**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 linesAMERICAN 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**

CITY

STATE

ZIP CODE

C00011114

3. IS THIS  
REPORTNEW  
(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

1 2

0 1

2 0 0 7

through

1 2

3 1

2 0 0 7

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

0 8

2 0

2 0 0 8

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, QUALIFIED

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 0 | 1 | 2 | 0 | 0 | 7 |

To:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 1 | 2 | 3 | 1 | 2 | 0 | 0 | 7 |

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1 <span>2007</span>   |                         | 726445.04                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....   | 1489691.45              |                                   |
| (c) Total Receipts (from Line 19) .....  | 399273.38               | 6444587.90                        |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....             | 1888964.83              | 7171032.94                        |
| 7. Total Disbursements (from Line 31) .....  | 938735.36               | 6220803.47                        |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | 950229.47               | 950229.47                         |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 401.00                  |                                   |

☐ 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 & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

Report Covering the Period:

From:

M M D D Y Y W Y  
1 2 0 1 2 0 0 7

To:

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

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 57033.77                      | 411793.73                         |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 303211.94                     | 5433521.47                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡   | 360245.71                     | 5845315.20                        |
| (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) ..... ➡  | 360245.71                     | 5845315.20                        |
| 12. Transfers From Affiliated/Other Party Committees .....   | 38647.64                      | 570058.35                         |
| 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                          | 25309.32                          |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 380.03                        | 3905.03                           |
| 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)) .....                          | 399273.38                     | 6444587.90                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 399273.38                     | 6444587.90                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 22758.76                      | 151557.70                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 22758.76                      | 151557.70                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 116500.00                     | 906750.00                         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 185650.00                     | 1392136.97                        |
| 24. Independent Expenditure (use Schedule E) .....   | 613771.61                     | 1118025.31                        |
| 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                          | 2500000.00                        |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 54.99                         | 152333.49                         |
| (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)) .....                           | 54.99                         | 152333.49                         |
| 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))..       | 938735.36                     | 6220803.47                        |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 938735.36                     | 6220803.47                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 360245.71                     | 5845315.20                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 54.99                         | 152333.49                         |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 360190.72                     | 5692981.71                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 22758.76                      | 151557.70                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 25309.32                          |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 22758.76                      | 126248.38                         |

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

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

FOR LINE NUMBER: PAGE 6 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KAREN ABBIATICI

Mailing Address 4602 W. Barlind

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

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

Transaction ID: SA11AI.103018

Amount of Each Receipt this Period

54.60

**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 ▼

902.00

Date of Receipt

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

Transaction ID: SA11AI.101875

Amount of Each Receipt this Period

42.00

**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 ▼

944.00

Date of Receipt

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

Transaction ID: SA11AI.102148

Amount of Each Receipt this Period

42.00

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

138.60

**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 7 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROXANNE ABSTON

Mailing Address 300 Hardman Ave. S  
Suite #2

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RAMSEY COUNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.102151

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

AMY ACHILLES

Mailing Address 4341 Feigby St., W

City State Zip Code  
Pt. Orchard WA 98367

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101931

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

AMY ACHILLES

Mailing Address 4341 Feigby St., W

City State Zip Code  
Pt. Orchard WA 98367

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 ▼

422.00

Date of Receipt

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

Transaction ID: SA11AI.102173

Amount of Each Receipt this Period

12.00

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

42.00

**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:  
(check only one)

PAGE 8 / 444

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
CATHYRN ACTON

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.103689

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102669

Amount of Each Receipt this Period

20.00

**C.**

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

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.50

Date of Receipt

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

Transaction ID: SA11AI.102670

Amount of Each Receipt this Period

20.00

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

90.00

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY ADAMS

Mailing Address 2304 Highland View Ave.

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

369.70

Date of Receipt

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

Transaction ID: SA11AI.103692

Amount of Each Receipt this Period

369.70

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY ADAMS

Mailing Address 2304 Highland View Ave.

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.80

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103691

Amount of Each Receipt this Period

80.10

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J ADAMS

Mailing Address 816 Lakeview Avenue  
Apt. A

City

South Milwaukee

State

WI

Zip Code

53127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101653

Amount of Each Receipt this Period

30.00

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

479.80

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHANA ADLERTON

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 ▼

614.79

Date of Receipt

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

Transaction ID: SA11AI.102593

Amount of Each Receipt this Period

26.73

**B.**

Full Name (Last, First, Middle Initial)

SHANA ADLERTON

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 ▼

641.52

Date of Receipt

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

Transaction ID: SA11AI.102594

Amount of Each Receipt this Period

26.73

**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 ▼

771.19

Date of Receipt

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

Transaction ID: SA11AI.103019

Amount of Each Receipt this Period

91.88

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

145.34

**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 11 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

RONALD ALEXANDER

Mailing Address 390 Worthington Road  
Suite ACity State Zip Code  
Westerville OH 43082FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101979

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 State Zip Code  
Beaverton OR 97008-6272FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1229.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103410

Amount of Each Receipt this Period

129.00

**C.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City State Zip Code  
Beaverton OR 97008-6272FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101980

Amount of Each Receipt this Period

14.00

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

157.00

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 12 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROBERT ALLEN

Mailing Address 3325 Galcier Ridge

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.102132

Amount of Each Receipt this Period

120.00

**B.**

Full Name (Last, First, Middle Initial)

RICKIE M AMPUDIA

Mailing Address 847 S. Broadleigh Road

City

Columbus

State

OH

Zip Code

43209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF COLUMBUS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.102123

Amount of Each Receipt this Period

16.00

**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 ▼

1134.86

Date of Receipt

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

Transaction ID: SA11AI.103146

Amount of Each Receipt this Period

47.82

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

183.82

**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

FOR LINE NUMBER: PAGE 13 / 444

(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, QUALIFI-  
ED

**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 ▼

1182.68

Date of Receipt

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

Transaction ID: SA11AI.103262

Amount of Each Receipt this Period

47.82

**B.**

Full Name (Last, First, Middle Initial)  
RHONDA ANDERSON

Mailing Address 1414 SE 145th Avenue

City State Zip Code  
Portland OR 97233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
OFFICE SPECIALIST III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

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

Transaction ID: SA11AI.103672

Amount of Each Receipt this Period

215.00

**C.**

Full Name (Last, First, Middle Initial)  
VALERIE ANDREAS

Mailing Address 941 Southwest West Vale Street

City State Zip Code  
Mc Minnville OR 97128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103411

Amount of Each Receipt this Period

20.00

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

282.82

**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

FOR LINE NUMBER: PAGE 14 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103020

Amount of Each Receipt this Period

62.70

**B.**

Full Name (Last, First, Middle Initial)

CONSTANCE ANDREWS

Mailing Address 30132 E. Mallard Pt. Road

City State Zip Code  
Grand Rapids MN 55744-9253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

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

Transaction ID: SA11AI.103554

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM A. ANTHONY, Jr.

Mailing Address 2916 Dover Road

City State Zip Code  
Columbus OH 43209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11

Occupation  
DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101372

Amount of Each Receipt this Period

18.00

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

96.70

**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 15 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

1343.76

Date of Receipt

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

Transaction ID: SA11AI.103021

Amount of Each Receipt this Period

155.70

**B.**

Full Name (Last, First, Middle Initial)  
LOUISA ARCE

Mailing Address 303 Hawthorne Blvd.

City State Zip Code  
Delaware OH 43015

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
CONTROLLER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102970

Amount of Each Receipt this Period

80.40

**C.**

Full Name (Last, First, Middle Initial)  
ALVA ARELLANO

Mailing Address 890 Sharps Lot Rd.

City State Zip Code  
Swansea MA 02777-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MA CN 93

Occupation  
DIRECTOR OF ORGANIZING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

421.52

Date of Receipt

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

Transaction ID: SA11AI.101687

Amount of Each Receipt this Period

30.00

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

266.10

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

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

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

FOR LINE NUMBER: PAGE 16 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT L. AREND

Mailing Address P.O. Box 1055  
1212 24th Ave.

City State Zip Code  
Altoona PA 16601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation  
UTILITY PLANT OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102268

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
DARYL AROLA

Mailing Address 33828 Indian Dr.

City State Zip Code  
Grand Rapids MN 55744-8987

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103693

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)  
LAURA M. ASKELIN

Mailing Address 1031 4th Avenue S.E.

City State Zip Code  
Rochester MN 55904

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 ▼

493.00

Date of Receipt

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

Transaction ID: SA11AI.103118

Amount of Each Receipt this Period

40.00

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

74.00

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 17 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JALADAH ASLAM

Mailing Address 3895 Cannon Road

City

Austintown

State

OH

Zip Code

44515-5372

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 ▼

515.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102971

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES D. AUGUST

Mailing Address 5204 Andover Road

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, HEALTH & SAFETY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.86

Date of Receipt

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

Transaction ID: SA11AI.103147

Amount of Each Receipt this Period

47.82

**C.**

Full Name (Last, First, Middle Initial)

JAMES D. AUGUST

Mailing Address 5204 Andover Road

City

Chevy Chase

State

MD

Zip Code

20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, HEALTH & SAFETY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.68

Date of Receipt

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

Transaction ID: SA11AI.103263

Amount of Each Receipt this Period

47.82

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

135.64

**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 18 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

DEBORAH A BABB

Mailing Address 6005 East Oakwood Drive

City

Pleasanthill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

SAFETY AND HEALTH CON.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101386

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH A BABB

Mailing Address 6005 East Oakwood Drive

City

Pleasanthill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

SAFETY AND HEALTH CON.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101899

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

W. JEAN BACKMAN

Mailing Address 1212 Jefferson Street

City

Olympia

State

WA

Zip Code

98501

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 ▼

420.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102174

Amount of Each Receipt this Period

20.00

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

40.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

650.00

Date of Receipt

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

Transaction ID: SA11AI.101754

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JOE BAESSLER

Mailing Address 3831 Fairfax Drive

City

Salem

State

OR

Zip Code

97214

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103412

Amount of Each Receipt this Period

25.00

**C.**

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 ▼

731.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101550

Amount of Each Receipt this Period

60.36

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

185.36

**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 20 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

PUBLIC SAFETY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

351.60

Date of Receipt

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

Transaction ID: SA11AI.103377

Amount of Each Receipt this Period

14.65

**B.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

PUBLIC SAFETY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

366.25

Date of Receipt

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

Transaction ID: SA11AI.102009

Amount of Each Receipt this Period

14.65

**C.**

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 ▼

1011.09

Date of Receipt

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

Transaction ID: SA11AI.103148

Amount of Each Receipt this Period

44.09

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

73.39

**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 21 / 444

(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, QUALIFI-  
ED

**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 ▼

1055.18

Date of Receipt

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

Transaction ID: SA11AI.103264

Amount of Each Receipt this Period

44.09

**B.**

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 ▼

982.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102972

Amount of Each Receipt this Period

82.28

**C.**

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.103022

Amount of Each Receipt this Period

50.00

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

176.37

**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 22 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

1501.84

Date of Receipt

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

Transaction ID: SA11AI.101981

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

DENNIS BEAULIEU

Mailing Address 8802 Edison Lane

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.56

Date of Receipt

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

Transaction ID: SA11AI.103149

Amount of Each Receipt this Period

38.72

**C.**

Full Name (Last, First, Middle Initial)

DENNIS BEAULIEU

Mailing Address 8802 Edison Lane

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.28

Date of Receipt

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

Transaction ID: SA11AI.103265

Amount of Each Receipt this Period

38.72

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

105.44

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

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

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

FOR LINE NUMBER: PAGE 23 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

NANCY BECKER

Mailing Address 1210 Westwood

City

Manitowoc

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

ACTIVITY AIDE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

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

Transaction ID: SA11AI.101753

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

NEIL G. BEDNARCZYK

Mailing Address 7775 O'neil Road North

City

Keizer

State

OR

Zip Code

97303

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103413

Amount of Each Receipt this Period

30.00

**C.**

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 ▼

1022.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101551

Amount of Each Receipt this Period

84.52

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

135.52

**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 24 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SANDRA F BELL

Mailing Address 2968 Tracer Road

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101373

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

1086.99

Date of Receipt

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

Transaction ID: SA11AI.103023

Amount of Each Receipt this Period

107.02

**C.**

Full Name (Last, First, Middle Initial)

PETER J. BENNER

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

519.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101584

Amount of Each Receipt this Period

43.30

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

170.32

**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 25 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

STACEY D. BENSON-TAYLOR

Mailing Address 241 Brooklyn Avenue

City

Dayton

State

OH

Zip Code

45417

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 ▼

682.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102973

Amount of Each Receipt this Period

49.82

**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 ▼

2143.65

Date of Receipt

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

Transaction ID: SA11AI.103150

Amount of Each Receipt this Period

86.57

**C.**

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 ▼

2230.22

Date of Receipt

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

Transaction ID: SA11AI.103266

Amount of Each Receipt this Period

86.57

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

222.96

**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 26 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.85

Date of Receipt

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

Transaction ID: SA11AI.103647

Amount of Each Receipt this Period

29.26

**B.**

Full Name (Last, First, Middle Initial)

JACK BERNFELD

Mailing Address 8033 Excelsior Drive  
Suite B

City

Madison

State

WI

Zip Code

53717-1903

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 ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.101809

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES BESTPITCH

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.64

Date of Receipt

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

Transaction ID: SA11AI.101631

Amount of Each Receipt this Period

52.72

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

106.98

**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 27 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

D. A. BESTWICK

Mailing Address 669 Sanchez Trail

City

Mercer

State

PA

Zip Code

16137

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102269

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID BIELSKI

Mailing Address 4499 Battleridge Rd.

City

McDonald

State

PA

Zip Code

15057-3507

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 ▼

1291.86

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103024

Amount of Each Receipt this Period

103.80

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY BIGELOW

Mailing Address 29 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.60

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103696

Amount of Each Receipt this Period

239.80

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

363.60

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 28 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY BIGELOW

Mailing Address 29 N. Wacker Drive

City

Chicago

State

IL

Zip Code

60606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.12

Date of Receipt

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

Transaction ID: SA11AI.103695

Amount of Each Receipt this Period

73.52

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH K. BINDAS

Mailing Address 901 North Road S.E.

City

Niles

State

OH

Zip Code

44446

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 ▼

272.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102974

Amount of Each Receipt this Period

22.74

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY BIRTTNEN

Mailing Address 7650 23rd St. N

City

Oakdale

State

MN

Zip Code

55128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.00

Date of Receipt

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

Transaction ID: SA11AI.103699

Amount of Each Receipt this Period

359.00

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

455.26

**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 29 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY BIRTTNEN

Mailing Address 7650 23rd St. N

City

Oakdale

State

MN

Zip Code

55128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.00

Date of Receipt

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

Transaction ID: SA11AI.103697

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

MEDDIE BISHOP

Mailing Address P.O. Box 775

City

Porstmouth

State

OH

Zip Code

45662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

CASEWORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101927

Amount of Each Receipt this Period

8.34

**C.**

Full Name (Last, First, Middle Initial)

PAUL BISSEN

Mailing Address 1906 Bear Ct., SE

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

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

Transaction ID: SA11AI.103651

Amount of Each Receipt this Period

111.00

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

143.34

**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 30 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SANDRA BJORKMAN

Mailing Address 517 82nd Street

City

Brooklyn

State

NY

Zip Code

11209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY CN 1707

Occupation

ADMINISTRATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101926

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN BLACK

Mailing Address P.O. Box 304

City

Highspire

State

PA

Zip Code

17034-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.82

Date of Receipt

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

Transaction ID: SA11AI.103025

Amount of Each Receipt this Period

125.23

**C.**

Full Name (Last, First, Middle Initial)

ARCHER BLACKWELL

Mailing Address 8706 Jarwood Road

City

Baltimore

State

MD

Zip Code

21237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.52

Date of Receipt

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

Transaction ID: SA11AI.101625

Amount of Each Receipt this Period

52.96

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

198.19

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL BLAIR

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.64

Date of Receipt

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

Transaction ID: SA11AI.101686

Amount of Each Receipt this Period

39.22

**B.**

Full Name (Last, First, Middle Initial)

KORY BLAKE

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.80

Date of Receipt

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

Transaction ID: SA11AI.101633

Amount of Each Receipt this Period

40.30

**C.**

Full Name (Last, First, Middle Initial)

LISA BLANTON

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

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

Transaction ID: SA11AI.103026

Amount of Each Receipt this Period

54.60

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

134.12

**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 32 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM M BLANTON

Mailing Address 1582 Mount Carmel Rd.

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILD CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103378

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM M BLANTON

Mailing Address 1582 Mount Carmel Rd.

City

Vinton

State

OH

Zip Code

45686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILD CARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102010

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City

Canton

State

OH

Zip Code

44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102671

Amount of Each Receipt this Period

19.24

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

39.24

**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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City

Canton

State

OH

Zip Code

44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.43

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102672

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE BLEEKER

Mailing Address 1076 18th Avenue South

City

Minneapolis

State

MN

Zip Code

55414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MINNESOTA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.101942

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN A. BLESSING

Mailing Address 2119 Robinwood Avenue

City

Toledo

State

OH

Zip Code

43620

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 ▼

576.13

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102975

Amount of Each Receipt this Period

48.28

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

107.52

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  
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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, QUALIFI-  
ED

**A.**

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 ▼

1296.90

Date of Receipt

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

Transaction ID: SA11AI.103027

Amount of Each Receipt this Period

150.27

**B.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102673

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

298.48

Date of Receipt

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

Transaction ID: SA11AI.102674

Amount of Each Receipt this Period

19.24

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

188.75

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

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

Use separate schedule(s)  
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☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
DEBRA BOND

Mailing Address 1295 Mariuon Road

City State Zip Code  
Rochester MN 55904-5780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

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

Transaction ID: SA11AI.103653

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)  
PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City State Zip Code  
Washington DC 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 ▼

4514.18

Date of Receipt

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

Transaction ID: SA11AI.103151

Amount of Each Receipt this Period

173.66

**C.**

Full Name (Last, First, Middle Initial)  
PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City State Zip Code  
Washington DC 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 ▼

4687.84

Date of Receipt

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

Transaction ID: SA11AI.103267

Amount of Each Receipt this Period

173.66

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

452.32

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
PAMELA BORDEN

Mailing Address 5947 Cooper

City State Zip Code  
Taylor MI 48180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.06

Date of Receipt

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

Transaction ID: SA11AI.102596

Amount of Each Receipt this Period

18.22

**B.**

Full Name (Last, First, Middle Initial)  
PAMELA BORDEN

Mailing Address 5947 Cooper

City State Zip Code  
Taylor MI 48180

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.28

Date of Receipt

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

Transaction ID: SA11AI.102598

Amount of Each Receipt this Period

18.22

**C.**

Full Name (Last, First, Middle Initial)  
CAROL BOWSHIER

Mailing Address 159 East Main Street

City State Zip Code  
Mt. Sterling OH 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 ▼

547.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101374

Amount of Each Receipt this Period

39.40

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

75.84

**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  
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FOR LINE NUMBER: PAGE 37 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ERIC R. BOYD

Mailing Address 118 East Walnut Street

City

Westerville

State

OH

Zip Code

43801

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 ▼

466.17

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102976

Amount of Each Receipt this Period

49.53

**B.**

Full Name (Last, First, Middle Initial)

MELVIN BRABSON

Mailing Address 5510 Chalmers

City

Detroit

State

MI

Zip Code

48213

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 ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103700

Amount of Each Receipt this Period

4.00

**C.**

Full Name (Last, First, Middle Initial)

MIKE BRADLEY

Mailing Address 2320 Turner Lane

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.06

Date of Receipt

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

Transaction ID: SA11AI.101632

Amount of Each Receipt this Period

35.98

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

89.51

**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 38 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

NORMA BRAIDIGAN

Mailing Address 300 N Derr Drive

City

Lewisburg

State

PA

Zip Code

17837-1387

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 ▼

1343.76

Date of Receipt

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

Transaction ID: SA11AI.103028

Amount of Each Receipt this Period

155.70

**B.**

Full Name (Last, First, Middle Initial)

MARTHA J. BRANDLY

Mailing Address 8033 Excelsior Drive  
Suite A

City

Madison

State

WI

Zip Code

53717-1903

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 ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.101752

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN F. BRENNAN

Mailing Address 995 Churchill

City

St. Paul

State

MN

Zip Code

55103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.102152

Amount of Each Receipt this Period

20.00

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

195.70

**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 39 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103029

Amount of Each Receipt this Period

62.70

**B.**

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  
WI Dept of Workplace Dvlp-  
mnt

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

309.00

Date of Receipt

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

Transaction ID: SA11AI.101963

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

PAMELA K BRODERSEN

Mailing Address 418 W Santa Clara Avenue

City

Santa Anna

State

CA

Zip Code

92706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199/UNAC

Occupation

Registered Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.101648

Amount of Each Receipt this Period

30.00

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

112.70

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

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

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

FOR LINE NUMBER: PAGE 40 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH L. BROOKMAN

Mailing Address 1517 5th Avenue SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.00

Date of Receipt

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

Transaction ID: SA11AI.102176

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MARY BROWN

Mailing Address 17404 Eutaw Place

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.82

Date of Receipt

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

Transaction ID: SA11AI.101624

Amount of Each Receipt this Period

22.02

**C.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103379

Amount of Each Receipt this Period

20.00

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

72.02

**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 41 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102011

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM H. BROWN

Mailing Address 17431 SE Forest Hill Drive

City

Damascus

State

OR

Zip Code

97089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103414

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ALAN BRUBACHER

Mailing Address 2502 S. 4th Street

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

MAINTENANCE SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

548.58

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103030

Amount of Each Receipt this Period

65.52

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

115.52

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 42 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

LINDSAY D. BRUCE

Mailing Address 1304 Upland Drive

City

Camano Island

State

WA

Zip Code

28282

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIVERSITY OF WASHINGTON

Occupation

FACILITIES OPERATIONS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102177

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT L. BUCKINGHAM

Mailing Address 413 1st Street N.E.

City

Little Falls

State

MN

Zip Code

56345-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103119

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL BUESING

Mailing Address 4218 Nancy Place

City

Shoreview

State

MN

Zip Code

55126-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103464

Amount of Each Receipt this Period

44.00

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

148.00

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 43 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KIM BUNCE

Mailing Address 300 Hardeman Avenue So. Ste. 2

City

South St. Paul

State

MN

Zip Code

55075-2469

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.102125

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1714.44

Date of Receipt

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

Transaction ID: SA11AI.103152

Amount of Each Receipt this Period

107.01

**C.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1821.45

Date of Receipt

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

Transaction ID: SA11AI.103268

Amount of Each Receipt this Period

107.01

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

230.02

**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 44 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RICHARD BURKE

Mailing Address 44 Beard Road

City

New Boston

State

NH

Zip Code

03070-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation  
LNA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.50

Date of Receipt

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

Transaction ID: SA11AI.101685

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS BURKE

Mailing Address 5159 Columbus Avenue South

City

Minneapolis

State

MN

Zip Code

55417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

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

Transaction ID: SA11AI.103120

Amount of Each Receipt this Period

24.00

**C.**

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 ▼

1014.07

Date of Receipt

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

Transaction ID: SA11AI.103153

Amount of Each Receipt this Period

44.09

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

93.09

**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 45 / 444

(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, QUALIFI-  
ED

**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 ▼

1058.16

Date of Receipt

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

Transaction ID: SA11AI.103269

Amount of Each Receipt this Period

44.09

**B.**

Full Name (Last, First, Middle Initial)

MARY T. BURPEE

Mailing Address 609 W. Walworth Street

City

Elkhorn

State

WI

Zip Code

53121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: SA11AI.101810

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN BURT

Mailing Address 9000 Bloomington Ave

City

Bloomington

State

MN

Zip Code

55425-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103465

Amount of Each Receipt this Period

20.00

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

89.09

**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 46 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

PAMELA L. BURTON

Mailing Address 5929 Oakwood Street  
Apt. #2

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Cincinnati | OH    | 45224    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.68

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102977

Amount of Each Receipt this Period

28.26

**B.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43206    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.28

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103380

Amount of Each Receipt this Period

11.72

**C.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Columbus | OH    | 43206    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102012

Amount of Each Receipt this Period

11.72

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

51.70

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 47 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDITH BUXTON

Mailing Address 2401 N. 2nd Street

City

Harrisburg

State

PA

Zip Code

17110

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 ▼

1256.77

Date of Receipt

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

Transaction ID: SA11AI.103031

Amount of Each Receipt this Period

125.23

**B.**

Full Name (Last, First, Middle Initial)

JOY CAGE

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

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

Transaction ID: SA11AI.103631

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

JOY CAGE

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

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 Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101848

Amount of Each Receipt this Period

12.50

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

212.73

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOY CAGE

Mailing Address 9022 East E Street

City

Parkland

State

WA

Zip Code

98445-2259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102093

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102675

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102676

Amount of Each Receipt this Period

10.00

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

32.50

**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 49 / 444

(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, QUALIFI-  
ED

**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 ▼

1254.55

Date of Receipt

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

Transaction ID: SA11AI.101611

Amount of Each Receipt this Period

200.00

**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 ▼

1304.53

Date of Receipt

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

Transaction ID: SA11AI.103154

Amount of Each Receipt this Period

49.98

**C.**

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 ▼

1354.51

Date of Receipt

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

Transaction ID: SA11AI.103270

Amount of Each Receipt this Period

49.98

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

299.96

**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 50 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

NINA M. CALABRIA

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

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 ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102677

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

NINA M. CALABRIA

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.102678

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANGELA M. CALDWELL

Mailing Address 3664 Stirling Court

City

Cleveland

State

OH

Zip Code

44115-3091

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 ▼

721.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102978

Amount of Each Receipt this Period

60.48

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

110.48

**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 51 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CHAD CALDWELL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102679

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CHAD CALDWELL

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.102680

Amount of Each Receipt this Period

25.00

**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 ▼

804.75

Date of Receipt

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

Transaction ID: SA11AI.103032

Amount of Each Receipt this Period

94.05

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

144.05

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

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 ▼

2199.49

Date of Receipt

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

Transaction ID: SA11AI.103155

Amount of Each Receipt this Period

95.63

**B.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

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 ▼

2295.12

Date of Receipt

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

Transaction ID: SA11AI.103271

Amount of Each Receipt this Period

95.63

**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 ▼

1378.76

Date of Receipt

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

Transaction ID: SA11AI.103033

Amount of Each Receipt this Period

155.70

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

346.96

**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 53 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
DENISE L. CAREY

Mailing Address P.O. Box 8154

City State Zip Code  
Columbus OH 43201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation  
OFFICE ASSISTANT 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

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

Transaction ID: SA11AI.103381

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)  
DENISE L. CAREY

Mailing Address P.O. Box 8154

City State Zip Code  
Columbus OH 43201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation  
OFFICE ASSISTANT 3

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.102013

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)  
JOYCE CARLSON

Mailing Address 911 Aldine Street

City State Zip Code  
Saint Paul MN 55104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.99

Date of Receipt

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

Transaction ID: SA11AI.103121

Amount of Each Receipt this Period

60.16

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

92.16

**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 54 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDY C. CARLSON

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103122

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHERI CARNAHAN

Mailing Address 2007 Emerald Dr.

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

IOWA WORKFORCE ADVISOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.20

Date of Receipt

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

Transaction ID: SA11AI.103648

Amount of Each Receipt this Period

191.20

**C.**

Full Name (Last, First, Middle Initial)

SHERI CARNAHAN

Mailing Address 2007 Emerald Dr.

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

IOWA WORKFORCE ADVISOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.20

Date of Receipt

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

Transaction ID: SA11AI.101885

Amount of Each Receipt this Period

40.00

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

251.20

**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 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHERI CARNAHAN

Mailing Address 2007 Emerald Dr.

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

IOWA WORKFORCE ADVISOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.20

Date of Receipt

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

Transaction ID: SA11AI.101892

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

BRENDA CARPENTER

Mailing Address 431 Elm Street

City

Hammonton

State

NJ

Zip Code

08037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 71

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.101703

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

BRENDA CARPENTER

Mailing Address 431 Elm Street

City

Hammonton

State

NJ

Zip Code

08037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 71

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.102246

Amount of Each Receipt this Period

10.00

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

60.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TAMMY D. CARSEY

Mailing Address 10453 Porter Lane

City

Athens

State

OH

Zip Code

45701

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 ▼

721.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102979

Amount of Each Receipt this Period

60.48

**B.**

Full Name (Last, First, Middle Initial)

LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.94

Date of Receipt

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

Transaction ID: SA11AI.102599

Amount of Each Receipt this Period

25.78

**C.**

Full Name (Last, First, Middle Initial)

LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.72

Date of Receipt

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

Transaction ID: SA11AI.102601

Amount of Each Receipt this Period

25.78

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

112.04

**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 57 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

1401.54

Date of Receipt

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

Transaction ID: SA11AI.101684

Amount of Each Receipt this Period

100.10

**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 ▼

1443.21

Date of Receipt

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

Transaction ID: SA11AI.101982

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL CASTANEDA

Mailing Address 2414 Monroe Avenue

City

Racine

State

WI

Zip Code

53402

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103705

Amount of Each Receipt this Period

240.00

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

381.77

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

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

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

FOR LINE NUMBER: PAGE 58 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL CASTANEDA

Mailing Address 2414 Monroe Avenue

City

Racine

State

WI

Zip Code

53402

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103703

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

STACY CHAMBERLAIN

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103415

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MARK CHARRON

Mailing Address 20501 Kemp

City

Clinton Township

State

MI

Zip Code

48035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MI CN 25

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 Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101695

Amount of Each Receipt this Period

10.00

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

50.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARK CHARRON

Mailing Address 20501 Kemp

City

Clinton Township

State

MI

Zip Code

48035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101941

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

CHERI CIBOROSKI

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.89

Date of Receipt

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

Transaction ID: SA11AI.101626

Amount of Each Receipt this Period

26.30

**C.**

Full Name (Last, First, Middle Initial)

JAMES A. CIOCIA

Mailing Address 5277 Graham Drive

City

Lyndhurst

State

OH

Zip Code

44124

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 ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102980

Amount of Each Receipt this Period

15.00

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

51.30

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

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

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

FOR LINE NUMBER: PAGE 60 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.102602

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.102603

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.101591

Amount of Each Receipt this Period

16.05

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

66.05

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.30

Date of Receipt

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

Transaction ID: SA11AI.101976

Amount of Each Receipt this Period

16.05

**B.**

Full Name (Last, First, Middle Initial)

KATIE Y. CLAY

Mailing Address 312 N. Francisco  
2nd Fl.

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101395

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

KATIE Y. CLAY

Mailing Address 312 N. Francisco  
2nd Fl.

City

Chicago

State

IL

Zip Code

60612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

745.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101398

Amount of Each Receipt this Period

25.00

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

71.05

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BRADLEE T. CLAYCAMP

Mailing Address 2201 NE 86th Ave.

City

Vancouver

State

WA

Zip Code

98664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.101715

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

BRADLEE T. CLAYCAMP

Mailing Address 2201 NE 86th Ave.

City

Vancouver

State

WA

Zip Code

98664

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102066

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL J. CLEMENS

Mailing Address 116 Cranburne Lane

City

Willamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.103156

Amount of Each Receipt this Period

10.00

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

30.00

**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 63 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RUSSELL J. CLEMENS

Mailing Address 116 Cranburne Lane

City

Willamsville

State

NY

Zip Code

14221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103272

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.00

Date of Receipt

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

Transaction ID: SA11AI.101708

Amount of Each Receipt this Period

22.50

**C.**

Full Name (Last, First, Middle Initial)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102060

Amount of Each Receipt this Period

22.50

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

55.00

**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 64 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101599

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

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 |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102207

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JACQUE COLLINS

Mailing Address P.O. Box 353

City

Clontarf

State

MN

Zip Code

56226-0353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103466

Amount of Each Receipt this Period

24.00

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

44.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LORI R. COLLINS

Mailing Address 1763 North Cassady Avenue

City State Zip Code  
Columbus OH 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 ▼

286.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101375

Amount of Each Receipt this Period

22.00

**B.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City State Zip Code  
Washington DC 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 ▼

995.35

Date of Receipt

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

Transaction ID: SA11AI.103157

Amount of Each Receipt this Period

44.09

**C.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City State Zip Code  
Washington DC 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 ▼

1039.44

Date of Receipt

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

Transaction ID: SA11AI.103273

Amount of Each Receipt this Period

44.09

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

110.18

**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 66 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DONALD W. CONLEY

Mailing Address 2695 Schaff Drive

City

Columbus

State

OH

Zip Code

43209

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 ▼

572.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101376

Amount of Each Receipt this Period

44.00

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City

Beltsville

State

MD

Zip Code

20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.26

Date of Receipt

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

Transaction ID: SA11AI.103158

Amount of Each Receipt this Period

28.29

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City

Beltsville

State

MD

Zip Code

20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.55

Date of Receipt

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

Transaction ID: SA11AI.103274

Amount of Each Receipt this Period

28.29

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

100.58

**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 67 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROBERT COOPER

Mailing Address 931 South Walnut Street

City

West Chester

State

PA

Zip Code

19382

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 ▼

1239.96

Date of Receipt

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

Transaction ID: SA11AI.103034

Amount of Each Receipt this Period

103.80

**B.**

Full Name (Last, First, Middle Initial)

JANIS CORDERMAN

Mailing Address 281 Christie Lane

City

Pleasant Hill

State

IA

Zip Code

50327

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 ▼

378.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101583

Amount of Each Receipt this Period

31.51

**C.**

Full Name (Last, First, Middle Initial)

IVAN CORPEN-CHAVEZ

Mailing Address 14621 Clovis Street

City

Victorville

State

CA

Zip Code

92394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/City of  
LA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.101948

Amount of Each Receipt this Period

20.00

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

155.31

**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 68 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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 ▼

747.02

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103123

Amount of Each Receipt this Period

62.60

**B.**

Full Name (Last, First, Middle Initial)

MARGARET L. COWLES

Mailing Address 3285 Greco Court

City

Lake Ridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103159

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MARGARET L. COWLES

Mailing Address 3285 Greco Court

City

Lake Ridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103275

Amount of Each Receipt this Period

20.00

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

102.60

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 69 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

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 ▼

592.94

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102604

Amount of Each Receipt this Period

25.78

**B.**

Full Name (Last, First, Middle Initial)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

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 ▼

618.72

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102605

Amount of Each Receipt this Period

25.78

**C.**

Full Name (Last, First, Middle Initial)

AMY M CRANE

Mailing Address 1680 East Long Street  
Apt. 2

City

Carson City

State

NV

Zip Code

89706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NV LOC 4041

Occupation

MEMBER BENEFITS COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101576

Amount of Each Receipt this Period

20.00

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

71.56

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 70 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

AMY M CRANE

Mailing Address 1680 East Long Street  
Apt. 2

City State Zip Code  
Carson City NV 89706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NV LOC 4041

Occupation  
MEMBER BENEFITS COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.102243

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TERRELL L. CROSS

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102681

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

TERRELL L. CROSS

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
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 Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102682

Amount of Each Receipt this Period

10.00

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

40.00

**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 71 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JENNY F. CROUCHER

Mailing Address 6625 Buckley Circle  
#201

City State Zip Code  
Inver Grove Hgts. MN 55076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/ST. PAUL  
P.S.

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 Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102153

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M. CULEN

Mailing Address 5709 S. Kilbourn Ave.

City State Zip Code  
Chicago IL 60629-4811

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 ▼

380.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101582

Amount of Each Receipt this Period

31.68

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City State Zip Code  
Schenectady NY 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 ▼

958.63

Date of Receipt

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

Transaction ID: SA11AI.103161

Amount of Each Receipt this Period

63.01

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

134.69

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

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

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

FOR LINE NUMBER: PAGE 72 / 444

(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, QUALIFI-  
ED

**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 ▼

1021.64

Date of Receipt

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

Transaction ID: SA11AI.103276

Amount of Each Receipt this Period

63.01

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH CURRIE

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 ▼

312.60

Date of Receipt

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

Transaction ID: SA11AI.103035

Amount of Each Receipt this Period

31.26

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA K. CURRIE

Mailing Address 740 Hilltop Lane

City

Toledo

State

OH

Zip Code

43615

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 ▼

747.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102981

Amount of Each Receipt this Period

51.07

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

145.34

**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 73 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

PATRICIA K. CURRIE

Mailing Address 740 Hilltop Lane

City

Toledo

State

OH

Zip Code

43615

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 ▼

751.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101928

Amount of Each Receipt this Period

4.20

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY DAINS

Mailing Address 1743 Carl Street

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103124

Amount of Each Receipt this Period

54.00

**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 ▼

958.24

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103036

Amount of Each Receipt this Period

111.03

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

169.23

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 74 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CHALMERS DAVIS

Mailing Address 3745 Park Avenue South

City

Minneapolis

State

MN

Zip Code

55407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: SA11AI.102154

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

GREGORY N. DAVIS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.102259

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103382

Amount of Each Receipt this Period

10.00

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

54.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102014

Amount of Each Receipt this Period

10.00

**B.**

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 ▼

1043.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102982

Amount of Each Receipt this Period

82.28

**C.**

Full Name (Last, First, Middle Initial)

SHIRLEY DAVIS

Mailing Address 2440 Brentwood

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

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

Transaction ID: SA11AI.103706

Amount of Each Receipt this Period

20.00

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

112.28

**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 76 / 444

(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, QUALIFI-  
ED

**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 ▼

1017.55

Date of Receipt

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

Transaction ID: SA11AI.103162

Amount of Each Receipt this Period

43.29

**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 ▼

1060.84

Date of Receipt

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

Transaction ID: SA11AI.103277

Amount of Each Receipt this Period

43.29

**C.**

Full Name (Last, First, Middle Initial)  
CHERYL DELL'AGLIO

Mailing Address 125 State Street

City State Zip Code  
Nicholson PA 18446

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

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

Transaction ID: SA11AI.103037

Amount of Each Receipt this Period

54.60

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

141.18

**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 77 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

ARTHUR DELO JR.

Mailing Address 340 Montrose Ave.

City

South Orange

State

NJ

Zip Code

07079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

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 |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101697

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DELUKE

Mailing Address 844 Manchester Avenue

City

Kent

State

OH

Zip Code

44240

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 ▼

579.98

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102983

Amount of Each Receipt this Period

49.82

**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 ▼

2410.26

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101615

Amount of Each Receipt this Period

500.00

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

609.82

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

FOR LINE NUMBER: PAGE 78 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

2497.09

Date of Receipt

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

Transaction ID: SA11AI.103163

Amount of Each Receipt this Period

86.83

**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 ▼

2583.92

Date of Receipt

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

Transaction ID: SA11AI.103278

Amount of Each Receipt this Period

86.83

**C.**

Full Name (Last, First, Middle Initial)

CONSTANCE DERR

Mailing Address P.O. Box 116

City

Maspeth

State

NY

Zip Code

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 ▼

1147.57

Date of Receipt

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

Transaction ID: SA11AI.103164

Amount of Each Receipt this Period

46.54

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

220.20

**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 79 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CONSTANCE DERR

Mailing Address P.O. Box 116

City

Maspeth

State

NY

Zip Code

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 ▼

1194.11

Date of Receipt

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

Transaction ID: SA11AI.103279

Amount of Each Receipt this Period

46.54

**B.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City

Shelton

State

WA

Zip Code

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 ▼

2353.00

Date of Receipt

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

Transaction ID: SA11AI.101983

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City

Shelton

State

WA

Zip Code

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 ▼

2453.00

Date of Receipt

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

Transaction ID: SA11AI.102178

Amount of Each Receipt this Period

100.00

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

160.54

**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 80 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDY DEVOE

Mailing Address 3256 Ocean Beach Hwy

City

Longview

State

WA

Zip Code

98632

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 ▼

700.00

Date of Receipt

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

Transaction ID: SA11AI.102179

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM A. DEVORE

Mailing Address 4499 Stover Road

City

Ostrander

State

OH

Zip Code

43061

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 ▼

622.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102984

Amount of Each Receipt this Period

53.10

**C.**

Full Name (Last, First, Middle Initial)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City

Minneapolis

State

MN

Zip Code

55419-5443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

PRINCIPAL CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1842.00

Date of Receipt

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

Transaction ID: SA11AI.102155

Amount of Each Receipt this Period

159.00

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

252.10

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



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

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

FOR LINE NUMBER: PAGE 81 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RACHEL DIETZ

Mailing Address 1332 Fulton St.

City

Harrisburg

State

PA

Zip Code

17102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.38

Date of Receipt

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

Transaction ID: SA11AI.103038

Amount of Each Receipt this Period

76.44

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.89

Date of Receipt

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

Transaction ID: SA11AI.102606

Amount of Each Receipt this Period

27.05

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.94

Date of Receipt

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

Transaction ID: SA11AI.102607

Amount of Each Receipt this Period

27.05

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

130.54

**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 82 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DARLENE DILLON

Mailing Address 1669 Lark Ave.

City

Redwood City

State

CA

Zip Code

94061-2462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57 SEQUOIA HEALTH  
SVCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.103679

Amount of Each Receipt this Period

170.00

**B.**

Full Name (Last, First, Middle Initial)

DARLENE DILLON

Mailing Address 1669 Lark Ave.

City

Redwood City

State

CA

Zip Code

94061-2462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57 SEQUOIA HEALTH  
SVCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101548

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DARLENE DILLON

Mailing Address 1669 Lark Ave.

City

Redwood City

State

CA

Zip Code

94061-2462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57 SEQUOIA HEALTH  
SVCS

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 Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101913

Amount of Each Receipt this Period

10.00

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

190.00

**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 83 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHERI A. DIMMERMAN

Mailing Address 1237 E Glenwood Ct.

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

WORKER'S COMPENSATION DPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103383

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SHERI A. DIMMERMAN

Mailing Address 1237 E Glenwood Ct.

City

Amelia

State

OH

Zip Code

45102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

WORKER'S COMPENSATION DPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102015

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA DITTES

Mailing Address 1409 Saltair Avenue  
Apt #103

City

Los Angeles

State

CA

Zip Code

90025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

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

Transaction ID: SA11AI.101623

Amount of Each Receipt this Period

60.00

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

80.00

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

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

FOR LINE NUMBER: PAGE 84 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**Full Name (Last, First, Middle Initial)  
MONICA DIXON

Mailing Address 4901 Ridgeway

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Racine | WI    | 53406    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF RACINEOccupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

302.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103710

Amount of Each Receipt this Period

267.00

**B.**Full Name (Last, First, Middle Initial)  
MONICA DIXON

Mailing Address 4901 Ridgeway

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Racine | WI    | 53406    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF RACINEOccupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103709

Amount of Each Receipt this Period

6.00

**C.**Full Name (Last, First, Middle Initial)  
THELMA DODSONMailing Address 525 West Stratford Place  
#581

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Chicago | IL    | 60657    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31Occupation  
ACCOUNTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.25

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101396

Amount of Each Receipt this Period

45.00

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

318.00

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 85 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

THELMA DODSON

Mailing Address 525 West Stratford Place  
#581

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IL CN 31

Occupation  
ACCOUNTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101399

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

KEVIN DOEING

Mailing Address 316 Quittie Park Dr.

City State Zip Code  
Annville PA 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 ▼

809.96

Date of Receipt

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

Transaction ID: SA11AI.103039

Amount of Each Receipt this Period

65.84

**C.**

Full Name (Last, First, Middle Initial)

LORI DONALDSON

Mailing Address 419 1/2 Grant Street

City State Zip Code  
Franklin PA 16323

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.70

Date of Receipt

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

Transaction ID: SA11AI.103040

Amount of Each Receipt this Period

54.60

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

148.44

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

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

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

FOR LINE NUMBER: PAGE 86 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARY DONNELLY

Mailing Address 3617 Autumnwood Court, SE

City

Boston Harbor

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

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

Transaction ID: SA11AI.102180

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.101593

Amount of Each Receipt this Period

4.00

**C.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

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

Transaction ID: SA11AI.101978

Amount of Each Receipt this Period

4.00

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

38.00

**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 87 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DANNY DONOHUE

Mailing Address 10 Longview Drive

City

Clifton Park

State

NY

Zip Code

12061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

DELEGATE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

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

Transaction ID: SA11AI.101984

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE DORMAN

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101655

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ANDY DOUGLAS

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101377

Amount of Each Receipt this Period

50.00

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

84.00

**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 88 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102683

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.102684

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

CHRIS DUGOVICH

Mailing Address P O Box 750

City

Everett

State

WA

Zip Code

98206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 2

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101562

Amount of Each Receipt this Period

20.00

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

100.00

**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 89 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BRYAN DULAS

Mailing Address 202 E 10th Street

City

Winona

State

MN

Zip Code

55987

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.103467

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID DUMAINE

Mailing Address 86 Tracy Dr.

City

Manchester

State

CT

Zip Code

06040

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 ▼

222.00

Date of Receipt

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

Transaction ID: SA11AI.103713

Amount of Each Receipt this Period

222.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID DUMAINE

Mailing Address 86 Tracy Dr.

City

Manchester

State

CT

Zip Code

06040

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 ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103711

Amount of Each Receipt this Period

12.00

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

254.00

**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 90 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102685

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

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

Transaction ID: SA11AI.102686

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

RICHARD W. DURHAM

Mailing Address 401 W. Bancroft Avenue

City

Fergus Falls

State

MN

Zip Code

56537

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103125

Amount of Each Receipt this Period

20.00

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

97.00

**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 91 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JAMES W DURKIN

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

COMMUNICATIONS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.101683

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

1872.00

Date of Receipt

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

Transaction ID: SA11AI.102181

Amount of Each Receipt this Period

80.00

**C.**

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 ▼

397.87

Date of Receipt

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

Transaction ID: SA11AI.103041

Amount of Each Receipt this Period

34.76

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

164.76

**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 92 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

THOMAS ELIAS

Mailing Address 9574 Lillian Drive

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101641

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS ELIAS

Mailing Address 9574 Lillian Drive

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 24

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 |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102204

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN K. EMSWILER

Mailing Address 606 LaFayette Street

City

Lancaster

State

PA

Zip Code

17603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

HIGHER EDUCATION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.102270

Amount of Each Receipt this Period

24.00

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

42.00

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 93 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KURT ERRICKSON

Mailing Address 224 No. Smith Avenue  
Apt. #12

City State Zip Code  
Saint Paul MN 55102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.30

Date of Receipt

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

Transaction ID: SA11AI.103126

Amount of Each Receipt this Period

31.30

**B.**

Full Name (Last, First, Middle Initial)

LINDA L. ESBENSHADE

Mailing Address 833 East Walnut Street

City State Zip Code  
Lancaster PA 17602

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation  
REVENUE AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102271

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGE ESTRIGHT

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.87

Date of Receipt

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

Transaction ID: SA11AI.103042

Amount of Each Receipt this Period

34.76

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

86.06

**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 94 / 444

(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, QUALIFI-  
ED

**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 ▼

246.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.103714

Amount of Each Receipt this Period

68.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE R. EVANS

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

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102985

Amount of Each Receipt this Period

63.16

**C.**

Full Name (Last, First, Middle Initial)

JOYCE EVOY

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.101656

Amount of Each Receipt this Period

20.00

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

151.16

**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  
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FOR LINE NUMBER: PAGE 95 / 444

(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, QUALIFI-  
ED

**A.**

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/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.00

Date of Receipt

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

Transaction ID: SA11AI.103468

Amount of Each Receipt this Period

60.00

**B.**

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

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1811.23

Date of Receipt

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

Transaction ID: SA11AI.103165

Amount of Each Receipt this Period

57.01

**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

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1868.24

Date of Receipt

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

Transaction ID: SA11AI.103280

Amount of Each Receipt this Period

57.01

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

174.02

**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 96 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MELODY K. FARNSWORTH

Mailing Address P. O. Box 765

City

Millersport

State

OH

Zip Code

43046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

TRANSPORTATION- DISTR. 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103384

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MELODY K. FARNSWORTH

Mailing Address P. O. Box 765

City

Millersport

State

OH

Zip Code

43046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

TRANSPORTATION- DISTR. 5

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102017

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JAY FARRELL

Mailing Address 3800 Spruce Street

City

Philadelphia

State

PA

Zip Code

19104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF PENNSYLVANIA

Occupation

PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: SA11AI.101619

Amount of Each Receipt this Period

50.00

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

70.00

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



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

Use separate schedule(s)  
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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PAULETTE A FELD

Mailing Address 416 W 5TH AVENUE

City

OSHKOSH

State

WI

Zip Code

54902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.101643

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

PAULETTE A FELD

Mailing Address 416 W 5TH AVENUE

City

OSHKOSH

State

WI

Zip Code

54902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

IS NETWORK SUP TECH I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

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

Transaction ID: SA11AI.102219

Amount of Each Receipt this Period

9.00

**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 ▼

1192.78

Date of Receipt

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

Transaction ID: SA11AI.103166

Amount of Each Receipt this Period

51.86

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

69.86

**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 98 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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 ▼

1244.64

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103281

Amount of Each Receipt this Period

51.86

**B.**

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 ▼

495.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101378

Amount of Each Receipt this Period

38.08

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1055.72

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103167

Amount of Each Receipt this Period

46.54

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

136.48

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 99 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1102.26

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103282

Amount of Each Receipt this Period

46.54

**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 ▼

1019.56

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102986

Amount of Each Receipt this Period

82.28

**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 ▼

1811.18

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103043

Amount of Each Receipt this Period

193.29

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

322.11

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  
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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, QUALIFI-  
ED

**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 ▼

1925.18

Date of Receipt

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

Transaction ID: SA11AI.101985

Amount of Each Receipt this Period

114.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE FIRKUS

Mailing Address 82203 Trails End Road

City

Bruno

State

MN

Zip Code

55712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.50

Date of Receipt

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

Transaction ID: SA11AI.103469

Amount of Each Receipt this Period

28.28

**C.**

Full Name (Last, First, Middle Initial)

GERALD FIRKUS

Mailing Address 44935 Deerfield Rd.

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.25

Date of Receipt

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

Transaction ID: SA11AI.103470

Amount of Each Receipt this Period

34.74

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

177.02

**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 101 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TODD FISHER

Mailing Address 219 N Willow Street

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103385

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

TODD FISHER

Mailing Address 219 N Willow Street

City

KENT

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102018

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

VERDEL L FLORES

Mailing Address 3847 Westside Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Los Angeles/CA CN  
36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.101949

Amount of Each Receipt this Period

10.00

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

30.00

**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 102 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

WILLIAM F. FOGLE

Mailing Address 1534 Bernath Parkway

City

Toledo

State

OH

Zip Code

43615

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 ▼

721.69

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102987

Amount of Each Receipt this Period

60.48

**B.**

Full Name (Last, First, Middle Initial)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102687

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102688

Amount of Each Receipt this Period

25.00

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

110.48

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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF WEST HOLLYWOOD

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 Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.101896

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

LARISSA R. FOOKS

Mailing Address 2622 Orchard Avenue

City

Los Angeles

State

CA

Zip Code

90002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CITY OF WEST HOLLYWOOD

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102224

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY S. FOWLER

Mailing Address 7664 Hinton Avenue South  
Apt. #9

City

Cottage Grove

State

MN

Zip Code

55016

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 ▼

478.43

Date of Receipt

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

Transaction ID: SA11AI.103127

Amount of Each Receipt this Period

40.98

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

60.98

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 104 / 444

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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, QUALIFI-  
ED

**A.**

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 ▼

2628.76

Date of Receipt

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

Transaction ID: SA11AI.103044

Amount of Each Receipt this Period

155.70

**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 ▼

2698.76

Date of Receipt

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

Transaction ID: SA11AI.101986

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

WALTER FRANCIS

Mailing Address 1002 Cypress Rd.

City

Wilmington

State

DE

Zip Code

19810

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 ▼

422.37

Date of Receipt

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

Transaction ID: SA11AI.103045

Amount of Each Receipt this Period

38.26

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

263.96

**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, QUALIFI-  
ED

**A.**

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 ▼

1192.78

Date of Receipt

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

Transaction ID: SA11AI.103168

Amount of Each Receipt this Period

51.86

**B.**

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 ▼

1244.64

Date of Receipt

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

Transaction ID: SA11AI.103283

Amount of Each Receipt this Period

51.86

**C.**

Full Name (Last, First, Middle Initial)

DANIEL S. FRAZIER

Mailing Address 176 Merry Road

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103386

Amount of Each Receipt this Period

10.00

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

113.72

**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 106 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DANIEL S. FRAZIER

Mailing Address 176 Merry Road

City

Bidwell

State

OH

Zip Code

45614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102020

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DIANA GABBARD

Mailing Address 6930 Shalom Drive SW

City

Olympia

State

WA

Zip Code

98512

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 ▼

280.00

Date of Receipt

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

Transaction ID: SA11AI.102182

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

735.43

Date of Receipt

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

Transaction ID: SA11AI.103169

Amount of Each Receipt this Period

32.05

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

62.05

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 444

(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, QUALIFI-  
ED

**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 ▼

767.48

Date of Receipt

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

Transaction ID: SA11AI.103284

Amount of Each Receipt this Period

32.05

**B.**

Full Name (Last, First, Middle Initial)

KERRI GALLAGHER

Mailing Address 8 South Main Street

City

Mountain Top

State

PA

Zip Code

18707

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 ▼

406.62

Date of Receipt

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

Transaction ID: SA11AI.103046

Amount of Each Receipt this Period

34.76

**C.**

Full Name (Last, First, Middle Initial)

JOHN GALUSKA

Mailing Address 205 Green Vista Drive

City

Pittsburgh

State

PA

Zip Code

15237

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 ▼

411.87

Date of Receipt

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

Transaction ID: SA11AI.103047

Amount of Each Receipt this Period

34.76

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

101.57

**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 108 / 444

(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, QUALIFI-  
ED

**A.**

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 OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102988

Amount of Each Receipt this Period

49.82

**B.**

Full Name (Last, First, Middle Initial)

DONALD GARDNER

Mailing Address 513 E. Main

City

Flushing

State

MI

Zip Code

48433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.102608

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD GARDNER

Mailing Address 513 E. Main

City

Flushing

State

MI

Zip Code

48433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.102609

Amount of Each Receipt this Period

10.00

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

69.82

**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

FOR LINE NUMBER: PAGE 109 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

R. W. GARDNER

Mailing Address 4011 Locust Lane

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102272

Amount of Each Receipt this Period

20.00

**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 ▼

1410.30

Date of Receipt

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

Transaction ID: SA11AI.102610

Amount of Each Receipt this Period

55.10

**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 ▼

1465.40

Date of Receipt

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

Transaction ID: SA11AI.102611

Amount of Each Receipt this Period

55.10

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

130.20

**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 110 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

1479.40

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101987

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101869

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102055

Amount of Each Receipt this Period

15.00

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

44.00

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

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

FOR LINE NUMBER: PAGE 111 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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 ▼

742.74

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103048

Amount of Each Receipt this Period

62.70

**B.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 0 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101645

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JUDITH E. GATLIN

Mailing Address 2007 Manor Court

City

Eau Claire

State

WI

Zip Code

54703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation

ACADEMIC DEPT ASSOC. B

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 7 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102217

Amount of Each Receipt this Period

10.00

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

82.70

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 112 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GEORGETTE M GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101607

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGETTE M GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101972

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE

Mailing Address 75 Varick Street  
Suite #1404

City

New York

State

NY

Zip Code

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 ▼

679.12

Date of Receipt

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

Transaction ID: SA11AI.101988

Amount of Each Receipt this Period

14.00

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

34.00

**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 113 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

THOMAS GIBBS

Mailing Address 152 Upper Claar Rd.

City

Claysburg

State

PA

Zip Code

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 ▼

758.42

Date of Receipt

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

Transaction ID: SA11AI.103049

Amount of Each Receipt this Period

78.38

**B.**

Full Name (Last, First, Middle Initial)

LEE W. GIERKE

Mailing Address 8033 Excelsior Drive  
#B

City

Madison

State

WI

Zip Code

53717-1903

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 ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.101814

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

SAMUEL J. GIERYN

Mailing Address 222 Crocker Street

City

Mazomanie

State

WI

Zip Code

53560

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 ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.101815

Amount of Each Receipt this Period

30.00

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

158.38

**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 114 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KEVIN J. GILBRIDE

Mailing Address 4523 Westerpool Circle

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

474.24

Date of Receipt

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

Transaction ID: SA11AI.103387

Amount of Each Receipt this Period

19.76

**B.**

Full Name (Last, First, Middle Initial)

KEVIN J. GILBRIDE

Mailing Address 4523 Westerpool Circle

City

Columbus

State

OH

Zip Code

43228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.00

Date of Receipt

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

Transaction ID: SA11AI.102021

Amount of Each Receipt this Period

19.76

**C.**

Full Name (Last, First, Middle Initial)

LENORA R. GILES

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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 Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102689

Amount of Each Receipt this Period

20.00

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

59.52

**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 115 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LENORA R. GILES

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.102690

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

976.81

Date of Receipt

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

Transaction ID: SA11AI.103170

Amount of Each Receipt this Period

42.47

**C.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1019.28

Date of Receipt

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

Transaction ID: SA11AI.103285

Amount of Each Receipt this Period

42.47

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

104.94

**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 116 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GARY L. GILLESPIE

Mailing Address P.O. Box 1

City

Eugene

State

OR

Zip Code

97440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.06

Date of Receipt

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

Transaction ID: SA11AI.103561

Amount of Each Receipt this Period

18.46

**B.**

Full Name (Last, First, Middle Initial)

GARY L. GILLESPIE

Mailing Address P.O. Box 1

City

Eugene

State

OR

Zip Code

97440

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103417

Amount of Each Receipt this Period

27.69

**C.**

Full Name (Last, First, Middle Initial)

HERMAN GILMAN

Mailing Address 4202 45th S

City

Seattle

State

WA

Zip Code

98118-1403

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 ▼

420.00

Date of Receipt

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

Transaction ID: SA11AI.102183

Amount of Each Receipt this Period

20.00

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

66.15

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

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

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

FOR LINE NUMBER: PAGE 117 / 444

(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, QUALIFI-  
ED

A.

Full Name (Last, First, Middle Initial)

ANDREW GINGERY

Mailing Address 3424 SE 10th Avenue  
Unit #1

City State Zip Code  
Portland OR 97202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103671

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

GEORGE GISIN

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.28

Date of Receipt

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

Transaction ID: SA11AI.101629

Amount of Each Receipt this Period

50.44

C.

Full Name (Last, First, Middle Initial)

SUSAN GLOVER

Mailing Address 2555 Wedgewood  
#13

City State Zip Code  
Des Moines IA 50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.20

Date of Receipt

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

Transaction ID: SA11AI.103718

Amount of Each Receipt this Period

223.20

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

473.64

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  
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FOR LINE NUMBER: PAGE 118 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

SUSAN GLOVER

Mailing Address 2555 Wedgewood  
#13

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Des Moines | IA    | 50317    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.84

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103716

Amount of Each Receipt this Period

26.64

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Bay City | MI    | 48706    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MI CN 25/GENESEE COUNTYOccupation  
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 |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101577

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY T. GLUMM

Mailing Address 403 W Jenny Street

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Bay City | MI    | 48706    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MI CN 25/GENESEE COUNTYOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101921

Amount of Each Receipt this Period

10.00

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

46.64

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 119 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

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 ▼

1003.99

Date of Receipt

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

Transaction ID: SA11AI.103171

Amount of Each Receipt this Period

42.13

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

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 ▼

1046.12

Date of Receipt

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

Transaction ID: SA11AI.103286

Amount of Each Receipt this Period

42.13

**C.**

Full Name (Last, First, Middle Initial)

ALICE GOFF

Mailing Address 8124 Alix Ave.

City

Los Angeles

State

CA

Zip Code

90001-3517

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 ▼

707.00

Date of Receipt

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

Transaction ID: SA11AI.101989

Amount of Each Receipt this Period

14.00

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

98.26

**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, QUALIFI-  
ED

**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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103050

Amount of Each Receipt this Period

62.70

**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 ▼

680.00

Date of Receipt

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

Transaction ID: SA11AI.101696

Amount of Each Receipt this Period

120.00

**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 ▼

690.00

Date of Receipt

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

Transaction ID: SA11AI.102008

Amount of Each Receipt this Period

10.00

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

192.70

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY D. GOMEZ

Mailing Address 1722 134th Street Court South

City State Zip Code  
 Tacoma WA 98444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WA DEPT OF SOCIAL SERVICES

Occupation  
PHYCHIATRIC SECURITY ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.101841

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY D. GOMEZ

Mailing Address 1722 134th Street Court South

City State Zip Code  
 Tacoma WA 98444

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WA DEPT OF SOCIAL SERVICES

Occupation  
PHYCHIATRIC SECURITY ATTENDANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102086

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City State Zip Code  
 Albuquerque NM 87120

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CITY OF ALBUQUERQUE

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.80

Date of Receipt

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

Transaction ID: SA11AI.101346

Amount of Each Receipt this Period

12.95

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

52.95

**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 122 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.75

Date of Receipt

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

Transaction ID: SA11AI.101897

Amount of Each Receipt this Period

12.95

**B.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.70

Date of Receipt

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

Transaction ID: SA11AI.102265

Amount of Each Receipt this Period

12.95

**C.**

Full Name (Last, First, Middle Initial)

JULIE ANN GONZALES

Mailing Address 6419 NE 104th Place

City

Vancouver

State

WA

Zip Code

98662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF SOCIAL & HEALTH  
SERV.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.101868

Amount of Each Receipt this Period

10.00

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

35.90

**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 123 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JULIE ANN GONZALES

Mailing Address 6419 NE 104th Place

City

Vancouver

State

WA

Zip Code

98662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF SOCIAL & HEALTH  
SERV.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102115

Amount of Each Receipt this Period

10.00

**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 ▼

383.00

Date of Receipt

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

Transaction ID: SA11AI.101877

Amount of Each Receipt this Period

20.00

**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 ▼

397.00

Date of Receipt

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

Transaction ID: SA11AI.101990

Amount of Each Receipt this Period

14.00

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

44.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

SECRETARY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1091.00

Date of Receipt

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

Transaction ID: SA11AI.101350

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

SECRETARY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1141.00

Date of Receipt

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

Transaction ID: SA11AI.101751

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City

Green Bay

State

WI

Zip Code

54311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

SECRETARY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1176.00

Date of Receipt

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

Transaction ID: SA11AI.102146

Amount of Each Receipt this Period

35.00

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

120.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOHN GRABEL

Mailing Address 1725 Fremont Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 11

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.58

Date of Receipt

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

Transaction ID: SA11AI.102133

Amount of Each Receipt this Period

306.36

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

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 ▼

419.06

Date of Receipt

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

Transaction ID: SA11AI.102612

Amount of Each Receipt this Period

18.22

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

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 ▼

437.28

Date of Receipt

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

Transaction ID: SA11AI.102613

Amount of Each Receipt this Period

18.22

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

342.80

**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  
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FOR LINE NUMBER: PAGE 126 / 444

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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, QUALIFI-  
ED

**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  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.56

Date of Receipt

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

Transaction ID: SA11AI.103172

Amount of Each Receipt this Period

38.72

**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  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

929.28

Date of Receipt

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

Transaction ID: SA11AI.103287

Amount of Each Receipt this Period

38.72

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City State Zip Code  
Aquasco MD 20608

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.84

Date of Receipt

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

Transaction ID: SA11AI.103173

Amount of Each Receipt this Period

33.38

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

110.82

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

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

Use separate schedule(s)  
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(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

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 ▼

785.22

Date of Receipt

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

Transaction ID: SA11AI.103288

Amount of Each Receipt this Period

33.38

**B.**

Full Name (Last, First, Middle Initial)

BEN GRANTHAM

Mailing Address 1110 Chestnut Street S.E.  
#202

City

Olympia

State

WA

Zip Code

98501

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 ▼

526.07

Date of Receipt

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

Transaction ID: SA11AI.102184

Amount of Each Receipt this Period

27.60

**C.**

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 ▼

1246.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102989

Amount of Each Receipt this Period

100.16

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

161.14

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JONATHAN GREBNER

Mailing Address 840 Randolph 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 DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.60

Date of Receipt

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

Transaction ID: SA11AI.103128

Amount of Each Receipt this Period

55.22

**B.**

Full Name (Last, First, Middle Initial)

NORMAN GREEN

Mailing Address 4220 Parkton Street

City

Baltimore

State

MD

Zip Code

21229-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

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

Transaction ID: SA11AI.103719

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

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 ▼

419.06

Date of Receipt

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

Transaction ID: SA11AI.102614

Amount of Each Receipt this Period

18.22

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

93.44

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

**A.**

Full Name (Last, First, Middle Initial)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

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 ▼

437.28

Date of Receipt

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

Transaction ID: SA11AI.102615

Amount of Each Receipt this Period

18.22

**B.**

Full Name (Last, First, Middle Initial)

SCOTT GREFE

Mailing Address 4020 Glendale Dr.

City

Excelsior

State

MN

Zip Code

55331-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

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

Transaction ID: SA11AI.103724

Amount of Each Receipt this Period

232.00

**C.**

Full Name (Last, First, Middle Initial)

SCOTT GREFE

Mailing Address 4020 Glendale Dr.

City

Excelsior

State

MN

Zip Code

55331-9764

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

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

Transaction ID: SA11AI.103722

Amount of Each Receipt this Period

12.00

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

262.22

**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, QUALIFI-  
ED

**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 ▼

1716.26

Date of Receipt

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

Transaction ID: SA11AI.103174

Amount of Each Receipt this Period

74.62

**B.**

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 ▼

1790.88

Date of Receipt

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

Transaction ID: SA11AI.103289

Amount of Each Receipt this Period

74.62

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City

Suitland

State

MD

Zip Code

20746

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 ▼

540.50

Date of Receipt

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

Transaction ID: SA11AI.103175

Amount of Each Receipt this Period

23.50

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

172.74

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City

Suitland

State

MD

Zip Code

20746

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 ▼

564.64

Date of Receipt

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

Transaction ID: SA11AI.103290

Amount of Each Receipt this Period

24.14

**B.**

Full Name (Last, First, Middle Initial)

THEODORE RALPH GROENER

Mailing Address 18709 Madrona Drive

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

POLITICAL COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103418

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

OTTO GROENEWALD

Mailing Address ROUTE 9 BOX 154

City

BLOOMFIELD

State

IA

Zip Code

52537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.101884

Amount of Each Receipt this Period

30.00

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

74.14

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

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

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

OTTO GROENEWALD

Mailing Address ROUTE 9 BOX 154

City

BLOOMFIELD

State

IA

Zip Code

52537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101891

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA M. GROMBACHER

Mailing Address 836 Warren Avenue  
Apt. 2

City

Niles

State

OH

Zip Code

44446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

THERAPUETIC PROGRAM WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103388

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA M. GROMBACHER

Mailing Address 836 Warren Avenue  
Apt. 2

City

Niles

State

OH

Zip Code

44446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

THERAPUETIC PROGRAM WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102022

Amount of Each Receipt this Period

10.00

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

50.00

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

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

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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARK GRONHHOLM

Mailing Address 2216 Erie St.

City

Racine

State

WI

Zip Code

53402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF RACINE

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103725

Amount of Each Receipt this Period

16.00

**B.**

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 ▼

689.22

Date of Receipt

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

Transaction ID: SA11AI.103051

Amount of Each Receipt this Period

62.70

**C.**

Full Name (Last, First, Middle Initial)

PATRICK J. GUERNSEY

Mailing Address 961 Tuscarora Avenue

City

St. Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
CORRECITONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

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

Transaction ID: SA11AI.102156

Amount of Each Receipt this Period

36.00

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

114.70

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER GUERTIN

Mailing Address 1053 Hatch Avenue

City

St. Paul

State

MN

Zip Code

55103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SCHOOL DIST  
#1

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

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

Transaction ID: SA11AI.102161

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RUTH A GUNDLACH

Mailing Address 9 Marl Twain Street

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101603

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RUTH A GUNDLACH

Mailing Address 9 Marl Twain Street

City

Madison

State

WI

Zip Code

53705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101966

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101572

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

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

Transaction ID: SA11AI.102252

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

ANDREW HAGGARD

Mailing Address 389 Lakeshore DR. APT

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.103471

Amount of Each Receipt this Period

15.00

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 136 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City State Zip Code  
Middleton WI 53562

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 ▼

704.04

Date of Receipt

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

Transaction ID: SA11AI.103176

Amount of Each Receipt this Period

28.62

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City State Zip Code  
Middleton WI 53562

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 ▼

732.66

Date of Receipt

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

Transaction ID: SA11AI.103291

Amount of Each Receipt this Period

28.62

**C.**

Full Name (Last, First, Middle Initial)

DANIEL HAMILTON

Mailing Address 1417 Basswood Court

City State Zip Code  
East Lansing MI 48823

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 ▼

296.47

Date of Receipt

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

Transaction ID: SA11AI.102617

Amount of Each Receipt this Period

12.89

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

70.13

**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 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

DANIEL HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

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 ▼

309.36

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102618

Amount of Each Receipt this Period

12.89

**B.**

Full Name (Last, First, Middle Initial)

MARIE HANDT

Mailing Address 1101 Norton

City

St. Paul

State

MN

Zip Code

55117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102157

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City

Baltimore

State

MD

Zip Code

21223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

ADMIN ASST./TECH SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.77

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101627

Amount of Each Receipt this Period

40.00

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

72.89

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

FOR LINE NUMBER: PAGE 138 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

EUGINE HANKS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

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 ▼

364.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101557

Amount of Each Receipt this Period

29.74

**B.**

Full Name (Last, First, Middle Initial)

CHERYL HANNAH

Mailing Address 203 Thompson Avenue

City

Waterloo

State

IA

Zip Code

50703-3418

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 ▼

271.27

Date of Receipt

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

Transaction ID: SA11AI.103729

Amount of Each Receipt this Period

271.27

**C.**

Full Name (Last, First, Middle Initial)

CHERYL HANNAH

Mailing Address 203 Thompson Avenue

City

Waterloo

State

IA

Zip Code

50703-3418

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 ▼

296.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103727

Amount of Each Receipt this Period

25.00

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

326.01

**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 139 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

VICKI HARDY

Mailing Address 2601 Ivanhoe Street

City

Denver

State

CO

Zip Code

80207-4055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CO CN 76

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.00

Date of Receipt

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

Transaction ID: SA11AI.103732

Amount of Each Receipt this Period

100.00

**B.**

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 ▼

660.73

Date of Receipt

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

Transaction ID: SA11AI.103177

Amount of Each Receipt this Period

29.71

**C.**

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 ▼

690.44

Date of Receipt

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

Transaction ID: SA11AI.103292

Amount of Each Receipt this Period

29.71

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

159.42

**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 140 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.80

Date of Receipt

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

Transaction ID: SA11AI.102619

Amount of Each Receipt this Period

29.60

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.40

Date of Receipt

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

Transaction ID: SA11AI.102620

Amount of Each Receipt this Period

29.60

**C.**

Full Name (Last, First, Middle Initial)

TERRY HARRIS

Mailing Address P. O. BOX 592407

City

Stockton

State

CA

Zip Code

95269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57 SEQUOIA HEALTH  
SVCS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103680

Amount of Each Receipt this Period

240.00

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

299.20

**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  
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FOR LINE NUMBER: PAGE 141 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TERRY HARRIS

Mailing Address P. O. BOX 592407

City

Stockton

State

CA

Zip Code

95269

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57 SEQUOIA HEALTH  
SVCS

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 Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101549

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRIS-KUIPER

Mailing Address 100 Luna Park Drive

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.88

Date of Receipt

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

Transaction ID: SA11AI.103737

Amount of Each Receipt this Period

202.88

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRIS-KUIPER

Mailing Address 100 Luna Park Drive

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.88

Date of Receipt

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

Transaction ID: SA11AI.103735

Amount of Each Receipt this Period

16.00

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

228.88

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 142 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LAKESHA HARRISON

Mailing Address 13633 Doty Avenue  
#62

City State Zip Code  
Hawthorne CA 90250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 3299

Occupation  
PATIENT CARE TECH.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.101369

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

LAKESHA HARRISON

Mailing Address 13633 Doty Avenue  
#62

City State Zip Code  
Hawthorne CA 90250

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 3299

Occupation  
PATIENT CARE TECH.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.101743

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City State Zip Code  
Catonsville MD 21228

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2247.23

Date of Receipt

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

Transaction ID: SA11AI.103178

Amount of Each Receipt this Period

78.81

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

118.81

**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 143 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2326.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103293

Amount of Each Receipt this Period

78.81

**B.**

Full Name (Last, First, Middle Initial)

DALE HARTFORD

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102692

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

STEVE G. HARTMANN

Mailing Address P.O. Box 944

City

Nebinbue

State

WI

Zip Code

54751-0944

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 ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101816

Amount of Each Receipt this Period

25.00

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

128.81

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  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

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 ▼

283.39

Date of Receipt

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

Transaction ID: SA11AI.102622

Amount of Each Receipt this Period

12.17

**B.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

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 ▼

295.56

Date of Receipt

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

Transaction ID: SA11AI.102623

Amount of Each Receipt this Period

12.17

**C.**

Full Name (Last, First, Middle Initial)

RAYDENE HARWICK

Mailing Address 2101-27 Hill Road  
Apt. #1

City

Sellersville

State

PA

Zip Code

18960

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 ▼

234.45

Date of Receipt

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

Transaction ID: SA11AI.103052

Amount of Each Receipt this Period

31.26

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

55.60

**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, QUALIFI-  
ED

**A.**

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 ▼

686.83

Date of Receipt

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

Transaction ID: SA11AI.103179

Amount of Each Receipt this Period

34.87

**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 ▼

721.70

Date of Receipt

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

Transaction ID: SA11AI.103294

Amount of Each Receipt this Period

34.87

**C.**

Full Name (Last, First, Middle Initial)

KAREN HATHAWAY

Mailing Address 29 Jenny Lind Street

City

Taunton

State

MA

Zip Code

02780-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.52

Date of Receipt

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

Transaction ID: SA11AI.101682

Amount of Each Receipt this Period

40.46

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

110.20

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

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

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(check only one)

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

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

**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 ▼

622.15

Date of Receipt

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

Transaction ID: SA11AI.102624

Amount of Each Receipt this Period

27.05

**B.**

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 ▼

649.20

Date of Receipt

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

Transaction ID: SA11AI.102625

Amount of Each Receipt this Period

27.05

**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 ▼

1161.73

Date of Receipt

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

Transaction ID: SA11AI.102626

Amount of Each Receipt this Period

50.51

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

104.61

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
PHILIP W. HELMS

Mailing Address 4108 Menton

City State Zip Code  
Flint MI 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 ▼

1212.24

Date of Receipt

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

Transaction ID: SA11AI.102627

Amount of Each Receipt this Period

50.51

**B.**

Full Name (Last, First, Middle Initial)  
SIDNEY L. HELSETH

Mailing Address 6554 Craig Avenue

City State Zip Code  
Inver Grove Hgts. MN 55076-1700

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 ▼

776.87

Date of Receipt

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

Transaction ID: SA11AI.103129

Amount of Each Receipt this Period

65.10

**C.**

Full Name (Last, First, Middle Initial)  
DAVID J. HENDERSON

Mailing Address 2040 Spring Valley Raod

City State Zip Code  
Pittsburgh PA 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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103053

Amount of Each Receipt this Period

62.70

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

178.31

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

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

Transaction ID: SA11AI.103635

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.101842

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

JOHN HENSON

Mailing Address P. O. Box 88593

City

Steilacoom

State

WA

Zip Code

98388

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102087

Amount of Each Receipt this Period

12.50

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

125.00

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103419

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

BEV HERMANSON

Mailing Address 6836 DENA COURT S.E.

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

DIRECTOR OF POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

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

Transaction ID: SA11AI.103636

Amount of Each Receipt this Period

-240.00

**C.**

Full Name (Last, First, Middle Initial)

RAMON L. HERNANDEZ

Mailing Address 1615 Stanley Street

City

New Britain

State

CT

Zip Code

06050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

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 Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101724

Amount of Each Receipt this Period

10.00

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

-200.00

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

RAMON L. HERNANDEZ

Mailing Address 1615 Stanley Street

City

New Britain

State

CT

Zip Code

06050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102118

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DIANE HEWITT

Mailing Address 4 Twin Wells Court

City

Middleton

State

NY

Zip Code

10940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

MENTAL HYGIENE THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.101592

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE HEWITT

Mailing Address 4 Twin Wells Court

City

Middleton

State

NY

Zip Code

10940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

MENTAL HYGIENE THERAPIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

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

Transaction ID: SA11AI.101977

Amount of Each Receipt this Period

20.00

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

50.00

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

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

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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)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

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

Transaction ID: SA11AI.103390

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

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

Transaction ID: SA11AI.102024

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN E. HILL

Mailing Address 541 Coconut Street

City

Satellite Beach

State

FL

Zip Code

32937

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 ▼

538.06

Date of Receipt

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

Transaction ID: SA11AI.103180

Amount of Each Receipt this Period

25.64

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

47.64

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KEVIN E. HILL

Mailing Address 541 Coconut Street

City

Satellite Beach

State

FL

Zip Code

32937

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 ▼

563.70

Date of Receipt

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

Transaction ID: SA11AI.103295

Amount of Each Receipt this Period

25.64

**B.**

Full Name (Last, First, Middle Initial)

SHARON L HILLIS

Mailing Address 827 Cutlip Drive

City

Columbus

State

OH

Zip Code

43085

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101379

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

968.99

Date of Receipt

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

Transaction ID: SA11AI.103181

Amount of Each Receipt this Period

42.13

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

87.77

**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, QUALIFI-  
ED

**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 ▼

1011.12

Date of Receipt

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

Transaction ID: SA11AI.103296

Amount of Each Receipt this Period

42.13

**B.**

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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103054

Amount of Each Receipt this Period

62.70

**C.**

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 ▼

721.98

Date of Receipt

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

Transaction ID: SA11AI.103055

Amount of Each Receipt this Period

62.70

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

167.53

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
DONNA L. HOFLAND

Mailing Address 4032 Division Ave. W

City State Zip Code  
Bremerton WA 98312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.103637

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)  
DONNA L. HOFLAND

Mailing Address 4032 Division Ave. W

City State Zip Code  
Bremerton WA 98312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.101733

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
DONNA L. HOFLAND

Mailing Address 4032 Division Ave. W

City State Zip Code  
Bremerton WA 98312

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102078

Amount of Each Receipt this Period

10.00

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

100.00

**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 155 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
NECIA C. HOLERUD

Mailing Address 2150 Lacrosse

City State Zip Code  
St. Paul MN 55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/ST. PAUL  
CITY

Occupation  
LIBRARY TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102159

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL W. HOLLEY

Mailing Address 5044 Aldrich Avenue N

City State Zip Code  
Minneapolis MN 55430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

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

Transaction ID: SA11AI.103655

Amount of Each Receipt this Period

47.00

**C.**

Full Name (Last, First, Middle Initial)  
MICHAEL W. HOLLEY

Mailing Address 5044 Aldrich Avenue N

City State Zip Code  
Minneapolis MN 55430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

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 Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102160

Amount of Each Receipt this Period

8.00

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

75.00

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

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

Use separate schedule(s)  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

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 ▼

913.46

Date of Receipt

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

Transaction ID: SA11AI.101882

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

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 ▼

985.10

Date of Receipt

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

Transaction ID: SA11AI.101890

Amount of Each Receipt this Period

71.64

**C.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

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 ▼

1127.10

Date of Receipt

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

Transaction ID: SA11AI.101991

Amount of Each Receipt this Period

142.00

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

253.64

**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 157 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DEBRA J. HONORE

Mailing Address 7589 Tayside Drive

City

State

Zip Code

Backlick

OH

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

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

Transaction ID: SA11AI.103391

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DEBRA J. HONORE

Mailing Address 7589 Tayside Drive

City

State

Zip Code

Backlick

OH

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

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

Transaction ID: SA11AI.102026

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

Mailing Address 6805 Oak Creek Drive

City

State

Zip Code

Columbus

OH

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102693

Amount of Each Receipt this Period

10.00

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

30.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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 Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102694

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

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

Transaction ID: SA11AI.103392

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA R. HOWARD

Mailing Address 2462 Meredith Drive

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CUSTOMER SERVICE ASSOCIATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.102028

Amount of Each Receipt this Period

9.00

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

28.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROBERT J. HUBBARD

Mailing Address 150 S. Iowa Avenue

City

State

Zip Code

Payette

ID

83661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

SECURITY GUARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103421

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. HUBBERT

Mailing Address 1078 E 26th Avenue

City

State

Zip Code

Columbus

OH

43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOR

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

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

Transaction ID: SA11AI.103409

Amount of Each Receipt this Period

6.00

**C.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. HUBBERT

Mailing Address 1078 E 26th Avenue

City

State

Zip Code

Columbus

OH

43211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOR

Occupation

ACCOUNTANT/EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.102029

Amount of Each Receipt this Period

6.00

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

52.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

STEVE HUGHES

Mailing Address 825 NE 80th Avenue

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103422

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

ANITA HUNTER

Mailing Address 1212 Jefferson Street  
#300

City

Olympia

State

WA

Zip Code

98501

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.102187

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN D. HURST

Mailing Address 1513 North 25th Street

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP

Occupation

LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.101736

Amount of Each Receipt this Period

20.00

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

70.00

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 161 / 444  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

ROBERT IKOLA

Mailing Address 6932 Blaisdell Ave. South

City

Minneapolis

State

MN

Zip Code

55423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.28

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103656

Amount of Each Receipt this Period

156.28

**B.**

Full Name (Last, First, Middle Initial)

ROBERT IKOLA

Mailing Address 6932 Blaisdell Ave. South

City

Minneapolis

State

MN

Zip Code

55423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.28

Date of Receipt

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

Transaction ID: SA11AI.101355

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY L. IMMEL

Mailing Address P.O. Box 3066

City

Tualatin

State

OR

Zip Code

97062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

PROGRAM DEVELOPMENT SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.60

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103423

Amount of Each Receipt this Period

21.06

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

197.34

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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(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.101836

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102083

Amount of Each Receipt this Period

30.00

**C.**

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 ▼

981.52

Date of Receipt

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

Transaction ID: SA11AI.103056

Amount of Each Receipt this Period

107.02

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

167.02

**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

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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, QUALIFI-  
ED

**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 ▼

811.09

Date of Receipt

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

Transaction ID: SA11AI.103182

Amount of Each Receipt this Period

35.70

**B.**

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 ▼

846.79

Date of Receipt

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

Transaction ID: SA11AI.103297

Amount of Each Receipt this Period

35.70

**C.**

Full Name (Last, First, Middle Initial)

JUSTUS JAMES

Mailing Address 1705 Platt Court

City

Allentown

State

PA

Zip Code

18104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.37

Date of Receipt

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

Transaction ID: SA11AI.103057

Amount of Each Receipt this Period

38.26

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

109.66

**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 164 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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 ▼

1192.78

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103183

Amount of Each Receipt this Period

51.86

**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 ▼

1244.64

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103298

Amount of Each Receipt this Period

51.86

**C.**

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 ▼

942.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103184

Amount of Each Receipt this Period

33.38

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

137.10

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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FOR LINE NUMBER: PAGE 165 / 444

(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, QUALIFI-  
ED

**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 ▼

975.68

Date of Receipt

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

Transaction ID: SA11AI.103299

Amount of Each Receipt this Period

33.38

**B.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address c/o 8033 EXCELSIOR DRIVE SUITE C  
WI CN 24

City

MADISON

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.50

Date of Receipt

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

Transaction ID: SA11AI.101646

Amount of Each Receipt this Period

12.58

**C.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address c/o 8033 EXCELSIOR DRIVE SUITE C  
WI CN 24

City

MADISON

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF WISCONSIN

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

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

Transaction ID: SA11AI.102216

Amount of Each Receipt this Period

12.58

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

58.54

**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  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY G. JENNINGS

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

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 Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103424

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHARNEE D. JENNINGS

Mailing Address 6910 E Livingston Ave

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOR

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103393

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SHARNEE D. JENNINGS

Mailing Address 6910 E Livingston Ave

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOR

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102031

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTY OF SUMMIT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.101589

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTY OF SUMMIT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: SA11AI.102250

Amount of Each Receipt this Period

50.00

**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 ▼

708.44

Date of Receipt

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

Transaction ID: SA11AI.103185

Amount of Each Receipt this Period

30.98

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

130.98

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 168 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3

City State Zip Code  
Nutley NJ 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 ▼

739.42

Date of Receipt

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

Transaction ID: SA11AI.103302

Amount of Each Receipt this Period

30.98

**B.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City State Zip Code  
Chester VA 23831

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 ▼

460.00

Date of Receipt

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

Transaction ID: SA11AI.103186

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City State Zip Code  
Chester VA 23831

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 ▼

480.00

Date of Receipt

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

Transaction ID: SA11AI.103303

Amount of Each Receipt this Period

20.00

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

70.98

**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 169 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

GEORGE Q. JOHNSON

Mailing Address 204 Turnstone Road

City

Columbus

State

OH

Zip Code

43235

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 ▼

475.81

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102990

Amount of Each Receipt this Period

8.00

**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 ▼

968.99

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103187

Amount of Each Receipt this Period

42.13

**C.**

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 ▼

1011.12

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103304

Amount of Each Receipt this Period

42.13

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

92.26

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  
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FOR LINE NUMBER: PAGE 170 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LINDA JOHNSON

Mailing Address 626 4th Avenue, SW

City

Cambridge

State

MN

Zip Code

55008-1428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.103657

Amount of Each Receipt this Period

56.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON

Mailing Address 157 Rose

City

Plymouth

State

MI

Zip Code

48170

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 ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.102629

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD JOHNSON

Mailing Address 157 Rose

City

Plymouth

State

MI

Zip Code

48170

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 ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.102630

Amount of Each Receipt this Period

10.00

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

76.00

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

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

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

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**Full Name (Last, First, Middle Initial)  
SHARON R. JOHNSON

Mailing Address P.O. Box 1923

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Gresham | OR    | 97030    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOROccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103425

Amount of Each Receipt this Period

20.00

**B.**Full Name (Last, First, Middle Initial)  
STEVE JOHNSON

Mailing Address 1607 Summit Lake Shore Road

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Olympia | WA    | 98502    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSECU WA CN 28Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102257

Amount of Each Receipt this Period

20.00

**C.**Full Name (Last, First, Middle Initial)  
WINSTON JOHNSON

Mailing Address 14574 Longacre

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Detroit | MI    | 48227-1448 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.59

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102631

Amount of Each Receipt this Period

25.68

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

65.68

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 172 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WINSTON JOHNSON

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.27

Date of Receipt

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

Transaction ID: SA11AI.102632

Amount of Each Receipt this Period

25.68

**B.**

Full Name (Last, First, Middle Initial)

JOANN JOHNTONY

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Girard Local City School  
Dist

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101080

Amount of Each Receipt this Period

19.23

**C.**

Full Name (Last, First, Middle Initial)

JOANN JOHNTONY

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Girard Local City School  
Dist

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.92

Date of Receipt

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

Transaction ID: SA11AI.101412

Amount of Each Receipt this Period

19.23

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

64.14

**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 173 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ERIC R. JONES

Mailing Address 1175 County Road East  
#203

City State Zip Code  
Vandnaiss Heights MN 55109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.102162

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GRACE E. JONES

Mailing Address 2604 Brookview Drive

City State Zip Code  
Burnsville MN 55337

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.103658

Amount of Each Receipt this Period

135.00

**C.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City State Zip Code  
Falls Church VA 22046

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1192.78

Date of Receipt

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

Transaction ID: SA11AI.103188

Amount of Each Receipt this Period

51.86

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

206.86

**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

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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1244.64

Date of Receipt

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

Transaction ID: SA11AI.103305

Amount of Each Receipt this Period

51.86

**B.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City

Columbia

State

MO

Zip Code

65201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.88

Date of Receipt

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

Transaction ID: SA11AI.101359

Amount of Each Receipt this Period

26.07

**C.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City

Columbia

State

MO

Zip Code

65201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.95

Date of Receipt

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

Transaction ID: SA11AI.101916

Amount of Each Receipt this Period

26.07

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

104.00

**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 175 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.02

Date of Receipt

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

Transaction ID: SA11AI.102241

Amount of Each Receipt this Period

26.07

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT D. JONES

Mailing Address 5036 S. K Street

City State Zip Code  
Tacoma WA 98408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.103638

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)  
ROBERT D. JONES

Mailing Address 5036 S. K Street

City State Zip Code  
Tacoma WA 98408

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.101862

Amount of Each Receipt this Period

10.00

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

116.07

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 176 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROBERT D. JONES

Mailing Address 5036 S. K Street

City

Tacoma

State

WA

Zip Code

98408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102109

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN JONES

Mailing Address 1714 N Ellamont St.

City

Baltimore

State

MD

Zip Code

21216-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

Transaction ID: SA11AI.103740

Amount of Each Receipt this Period

204.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN JONES

Mailing Address 1714 N Ellamont St.

City

Baltimore

State

MD

Zip Code

21216-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: SA11AI.103738

Amount of Each Receipt this Period

16.00

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

230.00

**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 PageFOR LINE NUMBER: PAGE 177 / 444  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

BLONDIE JORDAN

Mailing Address 7811 Bay Cedar Drive

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREETOccupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101580

Amount of Each Receipt this Period

50.00

**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'LOccupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1704.98

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103189

Amount of Each Receipt this Period

74.62

**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'LOccupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1779.60

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103306

Amount of Each Receipt this Period

74.62

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

199.24

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 PageFOR LINE NUMBER: PAGE 178 / 444  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

THOMAS KABUS, Jr.

Mailing Address 811 14th Street

City

Cloquet

State

MN

Zip Code

55720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103472

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DANA H. KAHLE

Mailing Address 713 Piper Road

City

Shippensburg

State

PA

Zip Code

16254-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/PASSHE

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 |
| 1 | 2 | / | 2 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102260

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD KEEFE

Mailing Address 208 Elm Street

City

Amesbury

State

MA

Zip Code

01913-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101681

Amount of Each Receipt this Period

20.00

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

60.00

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

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

FOR LINE NUMBER: PAGE 179 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

SUSAN KELLER

Mailing Address 6001 53rd Avenue SE

City

Lacey

State

WA

Zip Code

98513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

538.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102189

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JENNICE G. KELLY

Mailing Address 14812 25th Ave., CT E

City

Tacoma

State

WA

Zip Code

98445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF TRANSPORTATION

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 |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101717

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JENNICE G. KELLY

Mailing Address 14812 25th Ave., CT E

City

Tacoma

State

WA

Zip Code

98445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DEPT OF TRANSPORTATION

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102068

Amount of Each Receipt this Period

10.00

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

40.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 180 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. KELLY

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 ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.103742

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH M. KELLY

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 ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.101730

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH M. KELLY

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102074

Amount of Each Receipt this Period

10.00

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

220.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. KELLY

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 ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103741

Amount of Each Receipt this Period

20.00

**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 ▼

1086.83

Date of Receipt

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

Transaction ID: SA11AI.103190

Amount of Each Receipt this Period

47.82

**C.**

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 ▼

1134.65

Date of Receipt

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

Transaction ID: SA11AI.103307

Amount of Each Receipt this Period

47.82

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

115.64

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PATRICK KELLY

Mailing Address 603 Bradford Street

City

Brookland

State

NY

Zip Code

11207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 73

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.102247

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DEBORAH KENNARD

Mailing Address 14955 Avenue Venusto #67

City

San Diego

State

CA

Zip Code

92128

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
KAISER PERMANENTE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.101649

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

NADINE KENNEDY

Mailing Address 735 G U.S. Route 4E

City

Rutland

State

VT

Zip Code

05701-9029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.101680

Amount of Each Receipt this Period

20.00

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

85.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH L. KERBEN

Mailing Address 852 66TH AVE

City

BROOKLYN CENTER

State

MN

Zip Code

55430-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNIVERSITY OF MINNESOTA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

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

Transaction ID: SA11AI.101943

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ADRIENNE J. KERN

Mailing Address P.O. Box 44

City

Hawthorne

State

WI

Zip Code

54842

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 ▼

444.25

Date of Receipt

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

Transaction ID: SA11AI.103130

Amount of Each Receipt this Period

38.90

**C.**

Full Name (Last, First, Middle Initial)

DEBRA KIDNEY

Mailing Address 6420 N. Willamette Blvd.

City

Portland

State

OR

Zip Code

97203-5655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103426

Amount of Each Receipt this Period

65.00

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

153.90

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LORI E. KIEF

Mailing Address 4413 Doe Crossing TR

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF MADISON

Occupation

ADMINISTRATIVE CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.102143

Amount of Each Receipt this Period

10.00

**B.**

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 ▼

794.29

Date of Receipt

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

Transaction ID: SA11AI.103131

Amount of Each Receipt this Period

65.10

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN E. KING

Mailing Address 41 Ellis Road

City

Stoneboro

State

PA

Zip Code

16153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

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

Transaction ID: SA11AI.102273

Amount of Each Receipt this Period

42.00

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

117.10

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



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

Use separate schedule(s)  
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☒ 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, QUALIFI-  
ED

**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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

881.62

Date of Receipt

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

Transaction ID: SA11AI.103191

Amount of Each Receipt this Period

51.86

**B.**

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.48

Date of Receipt

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

Transaction ID: SA11AI.103308

Amount of Each Receipt this Period

51.86

**C.**

Full Name (Last, First, Middle Initial)

ROBERT M. KINTZER

Mailing Address 6083 Cherry Hill Road

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP

Occupation

AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.101735

Amount of Each Receipt this Period

20.00

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

123.72

**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, QUALIFI-  
ED

**A.**

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.82

Date of Receipt

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

Transaction ID: SA11AI.103058

Amount of Each Receipt this Period

132.15

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY KIRKWOOD

Mailing Address 1232 Winding Way

City

Tobyhanna

State

PA

Zip Code

18466

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 ▼

742.74

Date of Receipt

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

Transaction ID: SA11AI.103059

Amount of Each Receipt this Period

62.70

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.103394

Amount of Each Receipt this Period

15.00

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

209.85

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

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

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

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

**A.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.102033

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

CHRISTINE E. KISTNER

Mailing Address 501 High Street

City

Colfox

State

WI

Zip Code

54730

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101748

Amount of Each Receipt this Period

40.00

**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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.94

Date of Receipt

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

Transaction ID: SA11AI.103060

Amount of Each Receipt this Period

121.26

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

176.26

**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, QUALIFI-  
ED

**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 ▼

937.73

Date of Receipt

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

Transaction ID: SA11AI.103192

Amount of Each Receipt this Period

41.01

**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 ▼

978.74

Date of Receipt

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

Transaction ID: SA11AI.103309

Amount of Each Receipt this Period

41.01

**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 ▼

773.75

Date of Receipt

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

Transaction ID: SA11AI.103061

Amount of Each Receipt this Period

78.38

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

160.40

**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 189 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1205.06

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102991

Amount of Each Receipt this Period

83.53

**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

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1210.06

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101929

Amount of Each Receipt this Period

5.00

**C.**

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 ▼

1961.68

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101587

Amount of Each Receipt this Period

500.00

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

588.53

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 190 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
KERRY KORPI

Mailing Address 8913 First Avenue

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2028.12

Date of Receipt

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

Transaction ID: SA11AI.103193

Amount of Each Receipt this Period

66.44

**B.**

Full Name (Last, First, Middle Initial)  
KERRY KORPI

Mailing Address 8913 First Avenue

City State Zip Code  
Silver Spring MD 20910

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2094.56

Date of Receipt

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

Transaction ID: SA11AI.103310

Amount of Each Receipt this Period

66.44

**C.**

Full Name (Last, First, Middle Initial)  
R.C. KOSINSKI

Mailing Address 1016F Rolling Glen Drive

City State Zip Code  
Harrisburg PA 17109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102274

Amount of Each Receipt this Period

20.00

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

152.88

**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 191 / 444

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

1192.78

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103194

Amount of Each Receipt this Period

51.86

**B.**

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 ▼

1244.64

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103311

Amount of Each Receipt this Period

51.86

**C.**

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 ▼

742.74

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103063

Amount of Each Receipt this Period

62.70

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

166.42

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

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

Use separate schedule(s)  
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)  
BEVERLY KRISS

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.96

Date of Receipt

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

Transaction ID: SA11AI.101628

Amount of Each Receipt this Period

38.46

**B.**

Full Name (Last, First, Middle Initial)  
ELIZABETH KUEHNEL

Mailing Address 444 East Main Street

City State Zip Code  
New Britain CT 06051

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101657

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City State Zip Code  
Herndon VA 20170

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1014.07

Date of Receipt

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

Transaction ID: SA11AI.103195

Amount of Each Receipt this Period

44.09

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

102.55

**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, QUALIFI-  
ED

**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

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1058.16

Date of Receipt

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

Transaction ID: SA11AI.103312

Amount of Each Receipt this Period

44.09

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA A. KUNK

Mailing Address 3517 Pine Green Drive

City

Dayton

State

OH

Zip Code

45414

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 ▼

448.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102992

Amount of Each Receipt this Period

37.62

**C.**

Full Name (Last, First, Middle Initial)

RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102107

Amount of Each Receipt this Period

15.00

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

96.71

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER LAIRD

Mailing Address 530 Southridge Dr.

City

New London

State

WI

Zip Code

54961

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OUTAGAMILE CITY HEALTH CA-  
RE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101934

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JEANINE LAKE

Mailing Address P.O. Box 1016

City

Carson City

State

NV

Zip Code

89702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NV LOC 4041

Occupation

REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101574

Amount of Each Receipt this Period

34.00

**C.**

Full Name (Last, First, Middle Initial)

JEANINE LAKE

Mailing Address P.O. Box 1016

City

Carson City

State

NV

Zip Code

89702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NV LOC 4041

Occupation

REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

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

Transaction ID: SA11AI.102245

Amount of Each Receipt this Period

34.00

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

88.00

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

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

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

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NAME OF COMMITTEE (In Full)

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

**A.**

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 ▼

734.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101554

Amount of Each Receipt this Period

60.36

**B.**

Full Name (Last, First, Middle Initial)

LEONARD LALUNA

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.101658

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City

New York

State

NY

Zip Code

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 ▼

1260.63

Date of Receipt

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

Transaction ID: SA11AI.103196

Amount of Each Receipt this Period

54.81

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

135.17

**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, QUALIFI-  
ED

**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 ▼

1315.44

Date of Receipt

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

Transaction ID: SA11AI.103313

Amount of Each Receipt this Period

54.81

**B.**

Full Name (Last, First, Middle Initial)  
BRYAN LAMIRANDE

Mailing Address 837 W Milan Rd.

City State Zip Code  
Milan NH 03881-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MA CN 93

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.101679

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
LOUISE A. LANGBERG

Mailing Address 2021 Sheridan Avenue

City State Zip Code  
St. Paul MN 55116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/ST. PAUL  
CITY

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

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

Transaction ID: SA11AI.102163

Amount of Each Receipt this Period

18.00

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

92.81

**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

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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CAROLE LANNI

Mailing Address 97 West 34th Street

City

Bayonne

State

NJ

Zip Code

07002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.101699

Amount of Each Receipt this Period

50.00

**B.**

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 ▼

693.50

Date of Receipt

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

Transaction ID: SA11AI.102190

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS LARSEN

Mailing Address 1734 Arrowhead Drive

City

Beloit

State

WI

Zip Code

53511

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.101818

Amount of Each Receipt this Period

50.00

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

140.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DANA LARSON

Mailing Address 8111 Lake Pleasant Rd

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.40

Date of Receipt

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

Transaction ID: SA11AI.103064

Amount of Each Receipt this Period

42.10

**B.**

Full Name (Last, First, Middle Initial)

S. J. LARUE

Mailing Address 106 Haskell Drive

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.102275

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH LAWRENCE

Mailing Address 2724 ST. Paul Street

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INTL

Occupation

Strategic Communications Specialist II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.101616

Amount of Each Receipt this Period

500.00

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

572.10

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 199 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

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 ▼

533.03

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101585

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

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 ▼

566.06

Date of Receipt

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

Transaction ID: SA11AI.103197

Amount of Each Receipt this Period

33.03

**C.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

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 ▼

599.09

Date of Receipt

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

Transaction ID: SA11AI.103314

Amount of Each Receipt this Period

33.03

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

566.06

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

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

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

NEILDAC. LEE

Mailing Address 1217 Gallatin 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

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.60

Date of Receipt

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

Transaction ID: SA11AI.103198

Amount of Each Receipt this Period

85.51

**B.**

Full Name (Last, First, Middle Initial)

NEILDAC. LEE

Mailing Address 1217 Gallatin 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

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.11

Date of Receipt

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

Transaction ID: SA11AI.103315

Amount of Each Receipt this Period

85.51

**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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103427

Amount of Each Receipt this Period

70.00

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

241.02

**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, QUALIFI-  
ED

**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 ▼

1235.74

Date of Receipt

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

Transaction ID: SA11AI.103132

Amount of Each Receipt this Period

103.22

**B.**

Full Name (Last, First, Middle Initial)

CECILIA LEWANDOWSKI

Mailing Address 1633 N ARLINGTON PL #1907

City State Zip Code  
MILWAUKEE WI 53202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24

Occupation  
UNIVERSITY PROGRAM ASSOCIATE 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.101647

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

CECILIA LEWANDOWSKI

Mailing Address 1633 N ARLINGTON PL #1907

City State Zip Code  
MILWAUKEE WI 53202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24

Occupation  
UNIVERSITY PROGRAM ASSOCIATE 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

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

Transaction ID: SA11AI.102215

Amount of Each Receipt this Period

11.00

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

125.22

**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, QUALIFI-  
ED

**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 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

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

Transaction ID: SA11AI.103133

Amount of Each Receipt this Period

34.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

512.98

Date of Receipt

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

Transaction ID: SA11AI.102633

Amount of Each Receipt this Period

24.53

**C.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.51

Date of Receipt

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

Transaction ID: SA11AI.102634

Amount of Each Receipt this Period

24.53

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

83.06

**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 203 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GREG LEWIS

Mailing Address 1816 E. 22nd Street

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.64

Date of Receipt

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

Transaction ID: SA11AI.101883

Amount of Each Receipt this Period

71.64

**B.**

Full Name (Last, First, Middle Initial)

GREG LEWIS

Mailing Address 1816 E. 22nd Street

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.64

Date of Receipt

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

Transaction ID: SA11AI.101889

Amount of Each Receipt this Period

40.00

**C.**

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 ▼

746.93

Date of Receipt

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

Transaction ID: SA11AI.103065

Amount of Each Receipt this Period

91.88

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

203.52

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

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

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FOR LINE NUMBER: PAGE 204 / 444

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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

THERESA LIPKO

Mailing Address 117 South Main Street

City

Carbondale

State

PA

Zip Code

18407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.10

Date of Receipt

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

Transaction ID: SA11AI.103066

Amount of Each Receipt this Period

34.76

**B.**

Full Name (Last, First, Middle Initial)

EARL W. LITTLEFIELD

Mailing Address 1322 Seymour Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.103395

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

EARL W. LITTLEFIELD

Mailing Address 1322 Seymour Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ATTORNEY GENERAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.102035

Amount of Each Receipt this Period

10.00

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

54.76

**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 205 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
COREY LOCKARD

Mailing Address P.O. Box 22

City State Zip Code  
Benton PA 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 ▼

671.76

Date of Receipt

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

Transaction ID: SA11AI.103067

Amount of Each Receipt this Period

58.80

**B.**

Full Name (Last, First, Middle Initial)  
KIP LOCKHART

Mailing Address 139 Simpkins Drive

City State Zip Code  
Bristol CT 06010

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 ▼

764.67

Date of Receipt

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

Transaction ID: SA11AI.101659

Amount of Each Receipt this Period

59.68

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J. LOFQUIST

Mailing Address 43426 Birchview Road

City State Zip Code  
Sturgeon Lake MN 55783-9802

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 ▼

615.00

Date of Receipt

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

Transaction ID: SA11AI.103134

Amount of Each Receipt this Period

50.00

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

168.48

**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 206 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City

Mansfield

State

CT

Zip Code

06250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

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 Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101726

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES N. LOMONACO

Mailing Address 107 Wormwood Hill Rd.

City

Mansfield

State

CT

Zip Code

06250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11AI.102120

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LISABETH LONG

Mailing Address P.O. Box 82

City

Falls Creek

State

PA

Zip Code

15840-0082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EDUCATION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103068

Amount of Each Receipt this Period

128.43

**SUBTOTAL** of Receipts This Page (optional) .....

148.43

**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 207 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

RANDY LORELLO

Mailing Address 3628 55th Court, SE

City

Olympia

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

DIR. UNION / MGMT. ACTIV.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102191

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

NATALVA LOTKOVA

Mailing Address 5242 SE 115th Avenue

City

Portland

State

OR

Zip Code

97266

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

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 |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103670

Amount of Each Receipt this Period

200.00

**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 ▼

1801.46

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101588

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

320.00

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 208 / 444

(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, QUALIFI-  
ED

**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 ▼

1872.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103199

Amount of Each Receipt this Period

70.86

**B.**

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 ▼

1943.18

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103316

Amount of Each Receipt this Period

70.86

**C.**

Full Name (Last, First, Middle Initial)

GEORGE LOVELL

Mailing Address RR 3 BOX 3403

City

Goshen

State

VT

Zip Code

05733-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

729.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101678

Amount of Each Receipt this Period

60.76

**SUBTOTAL** of Receipts This Page (optional) .....

202.48

**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 209 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

JOHN LUCERO

Mailing Address 1801 June NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME Nm CN 18

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103745

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

1943.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101660

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

1957.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101993

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional) .....

126.00

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 210 / 444  
(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, QUALIFI-  
ED

**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

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3283.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101348

Amount of Each Receipt this Period

500.00

**B.**

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

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3411.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103200

Amount of Each Receipt this Period

128.56

**C.**

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

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3540.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103317

Amount of Each Receipt this Period

128.56

**SUBTOTAL** of Receipts This Page (optional) .....

757.12

**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 211 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CHARLES LUNEY

Mailing Address 425 Chaparral Creek  
#2724

City State Zip Code  
Hazelwood MO 63042

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 ▼

993.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103201

Amount of Each Receipt this Period

41.01

**B.**

Full Name (Last, First, Middle Initial)

CHARLES LUNEY

Mailing Address 425 Chaparral Creek  
#2724

City State Zip Code  
Hazelwood MO 63042

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 ▼

1034.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103318

Amount of Each Receipt this Period

41.01

**C.**

Full Name (Last, First, Middle Initial)

WANDA LUNNING

Mailing Address 1014 12th Avenue SW

City State Zip Code  
Austin MN 55912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103473

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.02

**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 212 / 444  
(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, QUALIFI-  
ED

**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

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1328.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102993

Amount of Each Receipt this Period

122.00

**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

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.101806

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

NOLA LYNCH

Mailing Address 388 9th Avenue

City

Grey Cloud Island

State

MN

Zip Code

55071

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 ▼

207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103556

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**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 ▼

1717.02

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101994

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT LYONS

Mailing Address 1605 Parmenter Street

City

Middleton

State

WI

Zip Code

53562

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101578

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL C. LYTER

Mailing Address P.O. Box 102

City

Elliottsburg

State

PA

Zip Code

17024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

TRADESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102276

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 214 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LONIE MACCONNELL

Mailing Address 618 Frances Drive

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 ▼

827.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103069

Amount of Each Receipt this Period

115.22

**B.**

Full Name (Last, First, Middle Initial)

JOHN P. MAGLIO

Mailing Address P.O. Box 624

City

Racine

State

WI

Zip Code

53401

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 ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101819

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

GARY S. MAGNUSON

Mailing Address 16055 SW Audubon Street  
Apt. #104

City

Beaverton

State

OR

Zip Code

97006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

MENTAL HEALTH CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103428

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.22

**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 215 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LOUIS J. MAHOLIC

Mailing Address 2726 Juno Place  
Apt. #2

City State Zip Code  
Fairlawn OH 44333

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 ▼

602.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102994

Amount of Each Receipt this Period

51.44

**B.**

Full Name (Last, First, Middle Initial)

DENNIS MALLORY

Mailing Address P.O. Box 1016

City State Zip Code  
Carson City NV 89702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NV LOC 4041

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101575

Amount of Each Receipt this Period

34.00

**C.**

Full Name (Last, First, Middle Initial)

DENNIS MALLORY

Mailing Address P.O. Box 1016

City State Zip Code  
Carson City NV 89702

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NV LOC 4041

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102244

Amount of Each Receipt this Period

34.00

**SUBTOTAL** of Receipts This Page (optional) .....

119.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 216 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

Mailing Address 988 Circle On The Green

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR OF PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

913.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102124

Amount of Each Receipt this Period

77.00

**B.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

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 ▼

721.27

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103203

Amount of Each Receipt this Period

31.49

**C.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

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 ▼

752.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103319

Amount of Each Receipt this Period

31.49

**SUBTOTAL** of Receipts This Page (optional) .....

139.98

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

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 ▼

1192.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103204

Amount of Each Receipt this Period

51.86

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

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 ▼

1244.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103320

Amount of Each Receipt this Period

51.86

**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 ▼

774.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103070

Amount of Each Receipt this Period

94.05

**SUBTOTAL** of Receipts This Page (optional) .....

197.77

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH J MARATEA

Mailing Address 6595 Kirkville Rd

City

East Syracuse

State

NY

Zip Code

13057-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSEA/NY LOC 1000

Occupation

Labor Relations Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101872

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH J MARATEA

Mailing Address 6595 Kirkville Rd

City

East Syracuse

State

NY

Zip Code

13057-9672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSEA/NY LOC 1000

Occupation

Labor Relations Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102149

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

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 ▼

1094.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103205

Amount of Each Receipt this Period

47.82

**SUBTOTAL** of Receipts This Page (optional) .....

67.82

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

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 ▼

1142.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103321

Amount of Each Receipt this Period

47.82

**B.**

Full Name (Last, First, Middle Initial)

ROBIN D. MARIANI-MOFFIT

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

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 Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103429

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN MARINCEL

Mailing Address 247 Kennard 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 ▼

779.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103135

Amount of Each Receipt this Period

65.10

**SUBTOTAL** of Receipts This Page (optional) .....

132.92

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ALIXETTA 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

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102695

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

ALIXETTA 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

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102696

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI DEPT OF CORRECTIONS

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101606

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

97.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI DEPT OF CORRECTIONS

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101969

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 890 Orchard Hill Road

City

Zanesville

State

OH

Zip Code

43701

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 ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102698

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 890 Orchard Hill Road

City

Zanesville

State

OH

Zip Code

43701

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102699

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 222 / 444  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KELLY MARTINEZ

Mailing Address 444 E. Main Steet

City

New Britain

State

CT

Zip Code

06051

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101662

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY A. MASSENGILL-BERNARDIN

Mailing Address 8000 Brookpoint Place

City

Westerville

State

OH

Zip Code

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 ▼

805.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102995

Amount of Each Receipt this Period

67.46

**C.**

Full Name (Last, First, Middle Initial)

JAMES E. MATTSON

Mailing Address 1701 E. 7th Street

City

Superior

State

WI

Zip Code

54880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101820

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

112.46

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1

City State Zip Code  
Mason OH 45050

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102700

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1

City State Zip Code  
Mason OH 45050

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102701

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City State Zip Code  
Ashland MO 65010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101358

Amount of Each Receipt this Period

27.11

**SUBTOTAL** of Receipts This Page (optional) .....

107.11

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101915

Amount of Each Receipt this Period

27.11

**B.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102242

Amount of Each Receipt this Period

27.11

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN MAZZOUCCOLO

Mailing Address 16 West 30th Street

City

Bayonne

State

NJ

Zip Code

07002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101698

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

114.22

**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 225 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARK A. MCAFEE

Mailing Address 9834 166 W

City

Lakeville

State

MN

Zip Code

55044

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 ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103557

Amount of Each Receipt this Period

16.00

**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 ▼

2389.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103206

Amount of Each Receipt this Period

99.66

**C.**

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 ▼

2489.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103322

Amount of Each Receipt this Period

99.66

**SUBTOTAL** of Receipts This Page (optional) .....

215.32

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CHARLES III MCCAIN

Mailing Address 519 Kentaboo Ave.

City

Florence

State

KY

Zip Code

41042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME KY CN 62

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103752

Amount of Each Receipt this Period

255.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES III MCCAIN

Mailing Address 519 Kentaboo Ave.

City

Florence

State

KY

Zip Code

41042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME KY CN 62

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.103750

Amount of Each Receipt this Period

20.00

**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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101613

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

475.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 227 / 444  
(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, QUALIFI-  
ED

**A.**

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 ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103207

Amount of Each Receipt this Period

50.00

**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 ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103323

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

960.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103071

Amount of Each Receipt this Period

85.62

**SUBTOTAL** of Receipts This Page (optional) .....

185.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 228 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SUZANNE MCCORMICK

Mailing Address 32 Harvest Lane

City

West Grove

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.15

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103072

Amount of Each Receipt this Period

40.53

**B.**

Full Name (Last, First, Middle Initial)

THOMAS F. MCCracken

Mailing Address 343 East Main Street

City

Mahaffey

State

PA

Zip Code

15757-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STATE SUPERVISOR DISTR 2

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102277

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER A. MCCULLEY

Mailing Address 509 Ashton Drive

City

Fitchburg

State

WI

Zip Code

53593

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 ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101821

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.53

**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 229 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

JANE MCDONALD

Mailing Address 2201 Broadway  
Suite 715City State Zip Code  
Oakland CA 94612FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101368

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JANE MCDONALD

Mailing Address 2201 Broadway  
Suite 715City State Zip Code  
Oakland CA 94612FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101744

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City State Zip Code  
Niskayuna NY 12309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

922.65

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103208

Amount of Each Receipt this Period

40.66

SUBTOTAL of Receipts This Page (optional) .....

140.66

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, QUALIFI-  
ED

**A.**

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 ▼

963.31

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103324

Amount of Each Receipt this Period

40.66

**B.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City

Washington

State

DC

Zip Code

20037-2207

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 ▼

3932.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103209

Amount of Each Receipt this Period

151.52

**C.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406

City

Washington

State

DC

Zip Code

20037-2207

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 ▼

4083.53

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103325

Amount of Each Receipt this Period

151.52

**SUBTOTAL** of Receipts This Page (optional) .....

343.70

**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  
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FOR LINE NUMBER: PAGE 231 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JERI MCEWEN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

554.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103073

Amount of Each Receipt this Period

54.60

**B.**

Full Name (Last, First, Middle Initial)

DIANA MCGEE

Mailing Address 1940 4th Street East

City

St Paul

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103659

Amount of Each Receipt this Period

119.00

**C.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION & RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102702

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.60

**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 232 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION & RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102703

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102704

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102705

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.00

**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 233 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 7222 134TH Street

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSECU WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103749

Amount of Each Receipt this Period

215.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 7222 134TH Street

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSECU WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103748

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL MCGUIRE

Mailing Address 7222 134TH Street

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WSECU WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102256

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

260.00

**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 234 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KRISTEN E. MCKINLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102706

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

KRISTEN E. MCKINLEY

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102707

Amount of Each Receipt this Period

19.24

**C.**

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 ▼

1027.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102996

Amount of Each Receipt this Period

82.28

**SUBTOTAL** of Receipts This Page (optional) .....

120.76

**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 235 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101712

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.101939

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102063

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 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 ▼

968.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103210

Amount of Each Receipt this Period

42.13

**B.**

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 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 ▼

1011.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103326

Amount of Each Receipt this Period

42.13

**C.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City State Zip Code  
Cheverly MD 20785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103212

Amount of Each Receipt this Period

52.58

**SUBTOTAL** of Receipts This Page (optional) .....

136.84

**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 237 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City

Cheverly

State

MD

Zip Code

20785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103327

Amount of Each Receipt this Period

52.58

**B.**

Full Name (Last, First, Middle Initial)

SUSAN MCMURRAY

Mailing Address 5304 Trafalger Place

City

Madison

State

WI

Zip Code

53714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102131

Amount of Each Receipt this Period

120.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS M. McNAMARA

Mailing Address 2451 Minerva Street

City

Osh Kosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAYCHEEDAH CORR. INST.

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.101944

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

182.58

**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 238 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

THOMAS M. McNAMARA

Mailing Address 2451 Minerva Street

City

Osh Kosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TAYCHEEDAH CORR. INST.

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 |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102209

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

EDWARD MCNEIL

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.30

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102635

Amount of Each Receipt this Period

38.10

**C.**

Full Name (Last, First, Middle Initial)

EDWARD MCNEIL

Mailing Address 2546 Edison

City

Detroit

State

MI

Zip Code

48206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.40

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102636

Amount of Each Receipt this Period

38.10

SUBTOTAL of Receipts This Page (optional) .....

86.20

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  
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FOR LINE NUMBER: PAGE 239 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
CINDY LOU McVEARRY

Mailing Address 6201 Cipriano Road

City State Zip Code  
Lanham MD 20706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PG COUNTY BOARD OF EDUCAT-  
ION

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101870

Amount of Each Receipt this Period

15.46

**B.**

Full Name (Last, First, Middle Initial)  
CINDY LOU McVEARRY

Mailing Address 6201 Cipriano Road

City State Zip Code  
Lanham MD 20706

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
PG COUNTY BOARD OF EDUCAT-  
ION

Occupation  
BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.102263

Amount of Each Receipt this Period

15.46

**C.**

Full Name (Last, First, Middle Initial)  
GERARD MEARA

Mailing Address 89 HARBOURTON-MT AIRY ROAD

City State Zip Code  
LAMBERTVILLE NJ 08530

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NJ CN 73

Occupation  
DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102248

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

50.92

**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 240 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DONALD MEHREN

Mailing Address 6925 Woodland Blvd.

City

Minnesota City

State

MN

Zip Code

55959

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103660

Amount of Each Receipt this Period

108.00

**B.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101363

Amount of Each Receipt this Period

13.94

**C.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.80

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101920

Amount of Each Receipt this Period

13.94

**SUBTOTAL** of Receipts This Page (optional) .....

135.88

**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 241 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JANICE MELDRUM

Mailing Address 2904 Sue Drive

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102237

Amount of Each Receipt this Period

13.94

**B.**

Full Name (Last, First, Middle Initial)

HAROLD T. MENTER

Mailing Address 581 Great Oaks Boulevard  
Apt. 29

City

Rochester

State

MI

Zip Code

48307

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 ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101974

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

MITCH G MENTER

Mailing Address 2377 Walton Blvd.  
Apt.#42

City

Rochester

State

MI

Zip Code

48309

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 ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101975

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.94

**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 242 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI Dept of Corrections

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101605

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI Dept of Corrections

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101968

Amount of Each Receipt this Period

10.00

**C.**

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 ▼

1730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102192

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**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 243 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

CINDY A. MICHAEL

Mailing Address 331 Central Parkway

City

Warren

State

OH

Zip Code

44483

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 ▼

610.68

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102997

Amount of Each Receipt this Period

51.44

**B.**

Full Name (Last, First, Middle Initial)

LANCE D. MICHALSKI

Mailing Address 300 Hardman Avenue S.  
#2

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

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101908

Amount of Each Receipt this Period

40.00

**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 ▼

1159.16

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101630

Amount of Each Receipt this Period

84.68

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 244 / 444  
(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, QUALIFI-  
ED

**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 ▼

1173.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101995

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY MILLER

Mailing Address 2424 Locust Lane

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 ▼

554.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103074

Amount of Each Receipt this Period

76.44

**C.**

Full Name (Last, First, Middle Initial)

GEORGE MILLER

Mailing Address 105 Jose Lane

City

Martinez

State

CA

Zip Code

94553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103474

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

774.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103076

Amount of Each Receipt this Period

94.05

**B.**

Full Name (Last, First, Middle Initial)

KATHY S. MILLION

Mailing Address 3716 89TH Street  
Apt.#106

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
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 Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101565

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

KATHY S. MILLION

Mailing Address 3716 89TH Street  
Apt.#106

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI CN 40

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101923

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

114.05

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

1151.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102998

Amount of Each Receipt this Period

108.48

**B.**

Full Name (Last, First, Middle Initial)

YOLANDA M. MITCHELL

Mailing Address 1227 Oberlin Boulevard

City

Cincinnati

State

OH

Zip Code

45237

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 ▼

600.97

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.102999

Amount of Each Receipt this Period

51.44

**C.**

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103077

Amount of Each Receipt this Period

62.70

**SUBTOTAL** of Receipts This Page (optional) .....

222.62

**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 247 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

DEBORAH MOEN

Mailing Address 1508 309th Avenue, NW

City

Cambridge

State

MN

Zip Code

55008-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103475

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES E. MOFFIT

Mailing Address P.O. Box 12455

City

Salem

State

OR

Zip Code

97309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

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 |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103431

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC MOMBERGER

Mailing Address 410 Crawford Run Road

City

Creighton

State

PA

Zip Code

15030-1015

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 ▼

758.42

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103078

Amount of Each Receipt this Period

78.38

SUBTOTAL of Receipts This Page (optional) .....

122.38

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  
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FOR LINE NUMBER: PAGE 248 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103079

Amount of Each Receipt this Period

62.70

**B.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

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 ▼

757.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103213

Amount of Each Receipt this Period

32.92

**C.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

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 ▼

790.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103328

Amount of Each Receipt this Period

32.92

**SUBTOTAL** of Receipts This Page (optional) .....

128.54

**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  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DAVID A. MOODY

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101675

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS MOORE

Mailing Address 79 Putnam Street

City

San Francisco

State

CA

Zip Code

94110

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 ▼

1097.36

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103214

Amount of Each Receipt this Period

46.54

**C.**

Full Name (Last, First, Middle Initial)

DOUGLAS MOORE

Mailing Address 79 Putnam Street

City

San Francisco

State

CA

Zip Code

94110

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 ▼

1143.90

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103329

Amount of Each Receipt this Period

46.54

**SUBTOTAL** of Receipts This Page (optional) .....

113.08

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ERIC D D MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101361

Amount of Each Receipt this Period

18.03

**B.**

Full Name (Last, First, Middle Initial)

ERIC D D MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101918

Amount of Each Receipt this Period

18.03

**C.**

Full Name (Last, First, Middle Initial)

ERIC D D MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102239

Amount of Each Receipt this Period

18.03

**SUBTOTAL** of Receipts This Page (optional) .....

54.09

**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 251 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103215

Amount of Each Receipt this Period

15.00

**B.**

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103330

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

JULIANE MOORE

Mailing Address 304 North Wenas Avenue

City

Selah

State

WA

Zip Code

98942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101852

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**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 252 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JULIANE MOORE

Mailing Address 304 North Wenas Avenue

City

Selah

State

WA

Zip Code

98942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102097

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

953.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103216

Amount of Each Receipt this Period

41.01

**C.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103331

Amount of Each Receipt this Period

41.01

**SUBTOTAL** of Receipts This Page (optional) .....

92.02

**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 253 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS MORONEY

Mailing Address 14 Jamaica Road

City

State

Zip Code

Brookline

MA

02146-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101674

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

BRENDA MORRIS

Mailing Address 28 Beth Drive

City

State

Zip Code

Fairchance

PA

15436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.15

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103080

Amount of Each Receipt this Period

32.42

**C.**

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103081

Amount of Each Receipt this Period

62.70

**SUBTOTAL** of Receipts This Page (optional) .....

135.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 254 / 444  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
LOIS MORRIS

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103082

Amount of Each Receipt this Period

38.08

**B.**

Full Name (Last, First, Middle Initial)  
SIMONE M MORRISON

Mailing Address 2556 North 15th Street

City State Zip Code  
Milwaukee WI 53206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPT OF WORKPLACE DVLPMNT

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101962

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)  
RACHEL C. MORROW

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102708

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

74.32

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RACHEL C. MORROW

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102709

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

HILARY MORTENSEN

Mailing Address 105 NE 61st Avenue  
Apt. #18

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103432

Amount of Each Receipt this Period

28.00

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City

Reading

State

PA

Zip Code

19609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103083

Amount of Each Receipt this Period

62.70

**SUBTOTAL** of Receipts This Page (optional) .....

109.94

**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 256 / 444

(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, QUALIFI-  
ED

**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 ▼

623.85

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103084

Amount of Each Receipt this Period

60.83

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE MURIN

Mailing Address 500 N. 26th Street

City

Reading

State

PA

Zip Code

19606

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 ▼

902.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103085

Amount of Each Receipt this Period

74.02

**C.**

Full Name (Last, First, Middle Initial)

EDWARD M MURPHY

Mailing Address 1541 North Martel Avenue  
APT. #212

City

Los Angeles

State

CA

Zip Code

90046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF LOS ANGELES

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101953

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.85

**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  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

KEVIN MURPHY

Mailing Address 25 High Gate Road #C-3

City

Newington

State

CT

Zip Code

06113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT Council 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101663

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

M. P. MURPHY

Mailing Address 92 Eddington Avenue

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

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 |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102278

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101705

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional) .....

45.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101750

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

954.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101996

Amount of Each Receipt this Period

278.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

959.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102144

Amount of Each Receipt this Period

5.00

**SUBTOTAL** of Receipts This Page (optional) .....

303.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTINE MURRAY

Mailing Address 1130 NE 1ST AVE  
APT. 104

City State Zip Code  
Portland OR 97232-2061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103669

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)  
STEVEN L. MYERS

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102710

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)  
STEVEN L. MYERS

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102711

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

290.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PHYLLIS NAIAD

Mailing Address 13304 58th Drive NE

City

Marysville

State

WA

Zip Code

98271

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 ▼

1137.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102193

Amount of Each Receipt this Period

52.26

**B.**

Full Name (Last, First, Middle Initial)

REBECCA NASSARRE

Mailing Address 1701 S Norfolk Street

City

San Mateo

State

CA

Zip Code

94403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/SAN MATEO  
CNTY

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101621

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103217

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

112.26

**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, QUALIFI-  
ED

**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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103332

Amount of Each Receipt this Period

10.00

**B.**

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 ▼

771.65

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102637

Amount of Each Receipt this Period

33.55

**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 ▼

805.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102638

Amount of Each Receipt this Period

33.55

**SUBTOTAL** of Receipts This Page (optional) .....

77.10

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
M JONATHAN NEIDERBACH

Mailing Address 642 Polk Blvd

City State Zip Code  
Des Moines IA 50312

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101390

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
M JONATHAN NEIDERBACH

Mailing Address 642 Polk Blvd

City State Zip Code  
Des Moines IA 50312

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101903

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City State Zip Code  
Minneapolis MN 55418

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103136

Amount of Each Receipt this Period

62.60

**SUBTOTAL** of Receipts This Page (optional) .....

82.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MATTHEW NELSON

Mailing Address 3806 Edmund Boulevard

City

Minneapolis

State

MN

Zip Code

55406

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 ▼

794.29

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103137

Amount of Each Receipt this Period

65.10

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL NELSON

Mailing Address 2191 110th Lane NW

City

Coon Rapids

State

MN

Zip Code

55433-0417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103664

Amount of Each Receipt this Period

55.00

**C.**

Full Name (Last, First, Middle Initial)

VICKI L. NELSON

Mailing Address 4220 Vernon Ave. S

City

St. Louis Park

State

MN

Zip Code

55416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102164

Amount of Each Receipt this Period

24.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ALAN NETLAND

Mailing Address 1414 Boulevard Place

City

Duluth

State

MN

Zip Code

55811

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101912

Amount of Each Receipt this Period

2.00

**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 ▼

891.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103086

Amount of Each Receipt this Period

103.32

**C.**

Full Name (Last, First, Middle Initial)

RHONDA J. NICHOLS

Mailing Address 6233 - 12th Avenue NW

City

Marysville

State

WA

Zip Code

98271-6526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102106

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.32

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHERYL L. NICHOLS

Mailing Address 2410 East Fifth Street

City

Dayton

State

OH

Zip Code

45403

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 ▼

494.11

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103000

Amount of Each Receipt this Period

30.44

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM NICHOLS

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103753

Amount of Each Receipt this Period

36.00

**C.**

Full Name (Last, First, Middle Initial)

LORI NIELSEN-KANGAS

Mailing Address 713 6th Street

City

Moose Lake

State

MN

Zip Code

55767-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103476

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

96.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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, QUALIFI-  
ED

**A.**

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 ▼

1238.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103138

Amount of Each Receipt this Period

102.54

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101713

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102064

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

132.54

**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  
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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PAMELA R NOYER

Mailing Address 2575 Hazelwood Way

City

East Palo Alto

State

CA

Zip Code

94303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 57/Cty of San Mateo

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101620

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. NWACHUKWU

Mailing Address 19 Sunset Hill Road

City

Brookfield

State

CT

Zip Code

06804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101725

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

SHIRLEY A. NWACHUKWU

Mailing Address 19 Sunset Hill Road

City

Brookfield

State

CT

Zip Code

06804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102119

Amount of Each Receipt this Period

9.00

**SUBTOTAL** of Receipts This Page (optional) .....

38.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

DENNIS M. O'BRIEN

Mailing Address 1226 RT 6

City

Rhinelander

State

WI

Zip Code

54501-9813

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 ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101822

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

EILEEN M. O'CONNELL

Mailing Address 1538 Madras Street, S.E.

City

Salem

State

OR

Zip Code

97306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103433

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

LORRAINE M. O'HARA

Mailing Address 5308 Wehawken Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, PEOPLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1311.23

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103218

Amount of Each Receipt this Period

57.01

SUBTOTAL of Receipts This Page (optional) .....

107.01

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

**A.**

Full Name (Last, First, Middle Initial)

LORRAINE M. O'HARA

Mailing Address 5308 Wehawken Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, PEOPLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1368.24

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103333

Amount of Each Receipt this Period

57.01

**B.**

Full Name (Last, First, Middle Initial)

DENNIS O'NEIL

Mailing Address 124 East Street

City

Litchfield

State

CT

Zip Code

06759

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 ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101664

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ROWNY M. OBORN

Mailing Address 1212 Jefferson Street, S.E., Suite

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28 WSECU

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 |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102255

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

97.01

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101718

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102069

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

CHERYL L. OGBOZO

Mailing Address P. O. BOX 14788

City

Minneapolis

State

MN

Zip Code

55414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN LOC 1164

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 Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103666

Amount of Each Receipt this Period

140.00

**SUBTOTAL** of Receipts This Page (optional) .....

182.00

**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 271 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

CHERYL L. OGBOZO

Mailing Address P. O. BOX 14788

City

Minneapolis

State

MN

Zip Code

55414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN LOC 1164

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 |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101559

Amount of Each Receipt this Period

20.00

**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 ▼

884.22

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103087

Amount of Each Receipt this Period

74.02

**C.**

Full Name (Last, First, Middle Initial)

SANDRA K. OLESON

Mailing Address 10009 Rio San Diego Drive  
Apt. #171

City

San Diego

State

CA

Zip Code

92108-5643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102233

Amount of Each Receipt this Period

16.00

SUBTOTAL of Receipts This Page (optional) .....

110.02

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 PageFOR LINE NUMBER: PAGE 272 / 444  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

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 ▼

1240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101874

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID GEORGE JR OTT

Mailing Address 3436 Swede Hill Road

City

Clinton

State

WA

Zip Code

98236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNOHOMISH COUNTY

Occupation

PLANNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101563

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID GEORGE JR OTT

Mailing Address 3436 Swede Hill Road

City

Clinton

State

WA

Zip Code

98236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SNOHOMISH COUNTY

Occupation

PLANNER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 4 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101564

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

1030.00

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 273 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

862.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103219

Amount of Each Receipt this Period

37.69

**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 ▼

900.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103334

Amount of Each Receipt this Period

37.69

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102712

Amount of Each Receipt this Period

23.24

**SUBTOTAL** of Receipts This Page (optional) .....

98.62

**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 274 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102713

Amount of Each Receipt this Period

23.24

**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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102714

Amount of Each Receipt this Period

40.00

**C.**

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 ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102715

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.24

**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 275 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103220

Amount of Each Receipt this Period

29.55

**B.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103335

Amount of Each Receipt this Period

29.55

**C.**

Full Name (Last, First, Middle Initial)

THOMAS PARIS

Mailing Address 11004 Ridge Road

City

Girard

State

PA

Zip Code

16417

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103756

Amount of Each Receipt this Period

36.00

**SUBTOTAL** of Receipts This Page (optional) .....

95.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 276 / 444  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

GLENN H. PARRISH

Mailing Address 609 East View Court

City

Fitchburg

State

WI

Zip Code

53593

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 ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101823

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

MARY J. PASS

Mailing Address 3333 W Broad Street  
APT 16

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103396

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MARY J. PASS

Mailing Address 3333 W Broad Street  
APT 16

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102038

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

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 277 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

758.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103088

Amount of Each Receipt this Period

62.70

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL S. PEGUES

Mailing Address 263 Goodwin Street

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101727

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL S. PEGUES

Mailing Address 263 Goodwin Street

City

East Hartford

State

CT

Zip Code

06108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4/SOCT

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102121

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

82.70

**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 278 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
WILLIE L. PELOTE

Mailing Address 351 Ross Way

City State Zip Code  
Sacramento CA 95864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1189.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103221

Amount of Each Receipt this Period

47.82

**B.**

Full Name (Last, First, Middle Initial)  
WILLIE L. PELOTE

Mailing Address 351 Ross Way

City State Zip Code  
Sacramento CA 95864

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1237.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103336

Amount of Each Receipt this Period

47.82

**C.**

Full Name (Last, First, Middle Initial)  
JOANNE M. PELS

Mailing Address 6987 County 38 N.W.

City State Zip Code  
Walker MN 56484

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103139

Amount of Each Receipt this Period

77.24

**SUBTOTAL** of Receipts This Page (optional) .....

172.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDY ANN PENN

Mailing Address 4408 Morgan Road

City

Morningside

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PG COUNTY BOARD OF EDUCAT-  
ION

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101871

Amount of Each Receipt this Period

17.81

**B.**

Full Name (Last, First, Middle Initial)

JUDY ANN PENN

Mailing Address 4408 Morgan Road

City

Morningside

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PG COUNTY BOARD OF EDUCAT-  
ION

Occupation

BUS DRIVER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.102264

Amount of Each Receipt this Period

17.81

**C.**

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 ▼

339.25

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103222

Amount of Each Receipt this Period

14.75

**SUBTOTAL** of Receipts This Page (optional) .....

50.37

**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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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

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 ▼

354.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103337

Amount of Each Receipt this Period

14.75

**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 ▼

1051.84

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.101590

Amount of Each Receipt this Period

200.00

**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 ▼

1090.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103223

Amount of Each Receipt this Period

38.72

**SUBTOTAL** of Receipts This Page (optional) .....

253.47

**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 281 / 444

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

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 ▼

1129.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103338

Amount of Each Receipt this Period

38.72

**B.**

Full Name (Last, First, Middle Initial)

LAURA E. PETERS

Mailing Address 518 W. Hayes Street

City

Davenport

State

IA

Zip Code

52803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/DAVENPORT  
CSD

Occupation

SCHOOL EMPLOYEE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

317.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101925

Amount of Each Receipt this Period

8.40

**C.**

Full Name (Last, First, Middle Initial)

MARYANN Z PETERS

Mailing Address P.O. Box 57037

City

Los Angeles

State

CA

Zip Code

90057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF LOS ANGELES

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101723

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

67.12

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARYANN Z PETERS

Mailing Address P.O. Box 57037

City

Los Angeles

State

CA

Zip Code

90057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF LOS ANGELES

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 Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101955

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

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 ▼

608.13

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102716

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

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 ▼

646.63

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102717

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

87.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 283 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DANIEL PFEIFER

Mailing Address 18990 Ibsen Road

City

Sparta

State

WI

Zip Code

54656

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 ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101824

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

CARRIE PHILLIPS

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 ▼

275.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103089

Amount of Each Receipt this Period

28.47

**C.**

Full Name (Last, First, Middle Initial)

STEVAN P. PICKARD

Mailing Address 3325 Capricio Street, NE

City

Canton

State

OH

Zip Code

44721-2702

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 ▼

714.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103001

Amount of Each Receipt this Period

60.48

**SUBTOTAL** of Receipts This Page (optional) .....

128.95

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH PLUGER

Mailing Address 605 South Jackson

City

Gardner

State

IL

Zip Code

60424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101397

Amount of Each Receipt this Period

55.00

**B.**

Full Name (Last, First, Middle Initial)

CLIFFORD T. POEHLER

Mailing Address 565 Glendale Street

City

Minneapolis

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102165

Amount of Each Receipt this Period

66.45

**C.**

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 ▼

1042.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103224

Amount of Each Receipt this Period

45.33

**SUBTOTAL** of Receipts This Page (optional) .....

166.78

**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  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**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 ▼

1087.92

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103339

Amount of Each Receipt this Period

45.33

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN POOR

Mailing Address 102 Lynnmoor Avenue

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.04

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101636

Amount of Each Receipt this Period

76.92

**C.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101622

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

137.25

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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101998

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN PORTER

Mailing Address 444 South Selby Blvd.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

PROJECT DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101381

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

EDWARD POTTS

Mailing Address 240 Bentz Mill Road

City

Wellsville

State

PA

Zip Code

17365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103090

Amount of Each Receipt this Period

34.76

**SUBTOTAL** of Receipts This Page (optional) .....

64.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY T. POTTS

Mailing Address 2623 Creekwillow PL.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

INDUSTRIAL COMMISSIONER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103397

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY T. POTTS

Mailing Address 2623 Creekwillow PL.

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOHH

Occupation

INDUSTRIAL COMMISSIONER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102039

Amount of Each Receipt this Period

10.00

**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 ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101571

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

40.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
GREGORY POWELL

Mailing Address 11505 Circle Drive

City State Zip Code  
Austin TX 78748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101999

Amount of Each Receipt this Period

70.00

**B.**

Full Name (Last, First, Middle Initial)  
GREGORY POWELL

Mailing Address 11505 Circle Drive

City State Zip Code  
Austin TX 78748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102253

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
SALLY A. POWLESS

Mailing Address 2410 Westbrook Drive

City State Zip Code  
Toledo OH 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 ▼

982.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103002

Amount of Each Receipt this Period

82.28

**SUBTOTAL** of Receipts This Page (optional) .....

172.28

**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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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

REBECCA A. PRICE

Mailing Address 79652 Second Lake Rd.

City

Willow River

State

MN

Zip Code

55795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.26

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103477

Amount of Each Receipt this Period

33.24

**B.**

Full Name (Last, First, Middle Initial)

AMANDA M. PRINCE

Mailing Address 4894 Birchview Drive

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.24

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103140

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

MARCIA PROVOST

Mailing Address 555 Third Street, SE

City

Milaca

State

MN

Zip Code

56353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103478

Amount of Each Receipt this Period

48.00

**SUBTOTAL** of Receipts This Page (optional) .....

112.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DAVID L. RAAHAHN

Mailing Address 123 NE 3rd Avenue  
Suite 505

City State Zip Code  
Portland OR 97232

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103434

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City State Zip Code  
Cleveland OH 44130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102718

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City State Zip Code  
Cleveland OH 44130

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102719

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

HOLLY A RAKOCY

Mailing Address 7250 Green Ridge Drive

City

Eden Prairie

State

MN

Zip Code

55346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102166

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

K.S. RALSTON

Mailing Address 1609 Garden Drive

City

Franklin

State

PA

Zip Code

16323-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102279

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS RAYMOND

Mailing Address P. O. BOX 474

City

Oxford

State

MD

Zip Code

21654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103759

Amount of Each Receipt this Period

30.76

**SUBTOTAL** of Receipts This Page (optional) .....

78.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103091

Amount of Each Receipt this Period

62.70

**B.**

Full Name (Last, First, Middle Initial)

STEVEN E. REAMS

Mailing Address 3642 Shortridge Circle

City

Cincinnati

State

OH

Zip Code

45247

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 ▼

578.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103003

Amount of Each Receipt this Period

49.82

**C.**

Full Name (Last, First, Middle Initial)

JOAN H REED

Mailing Address 166-25 Powells Cove Boulevard  
# 12E

City

Beechhurst

State

NY

Zip Code

11357

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL EXECUTIVE BOARD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

968.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102000

Amount of Each Receipt this Period

39.00

**SUBTOTAL** of Receipts This Page (optional) .....

151.52

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

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 ▼

968.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103225

Amount of Each Receipt this Period

42.13

**B.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

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 ▼

1011.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103340

Amount of Each Receipt this Period

42.13

**C.**

Full Name (Last, First, Middle Initial)

JANINE A. REES

Mailing Address 5456 40th Avenue SW

City

Seattle

State

WA

Zip Code

98136

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101932

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

104.26

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

STEVEN C. REEVES

Mailing Address 2566 Stillwater Road

City

Maplewood Road

State

MN

Zip Code

55119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

MAINTENANCE WORKER I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102167

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City

Minneapolis

State

MN

Zip Code

55421

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102168

Amount of Each Receipt this Period

36.00

**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 ▼

1811.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103226

Amount of Each Receipt this Period

57.01

**SUBTOTAL** of Receipts This Page (optional) .....

113.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**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 ▼

1868.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103341

Amount of Each Receipt this Period

57.01

**B.**

Full Name (Last, First, Middle Initial)

LAURA REISDORPH

Mailing Address 1212 Jefferson St. SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

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  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102197

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOSE REYES

Mailing Address 13326 Felson Place

City

Cerritos

State

CA

Zip Code

90703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102234

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.01

**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 296 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103092

Amount of Each Receipt this Period

62.70

**B.**

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 ▼

830.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103228

Amount of Each Receipt this Period

35.70

**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 ▼

866.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103342

Amount of Each Receipt this Period

35.70

**SUBTOTAL** of Receipts This Page (optional) .....

134.10

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PATTY RICH

Mailing Address 2867 W. 10545 SO.

City

South Jordan

State

UT

Zip Code

84102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME UT LOC 1004

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101930

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

960.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103398

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102040

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 298 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

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 ▼

483.57

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103229

Amount of Each Receipt this Period

21.95

**B.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

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 ▼

505.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103343

Amount of Each Receipt this Period

21.95

**C.**

Full Name (Last, First, Middle Initial)

PETER RICKERT

Mailing Address 722 E. Front Street

City

Danville

State

PA

Zip Code

17821

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103093

Amount of Each Receipt this Period

62.70

**SUBTOTAL** of Receipts This Page (optional) .....

106.60

**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 299 / 444

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

GREGORY A. RIEMER

Mailing Address 3478 Scotswood Circle

City

Richfield

State

OH

Zip Code

44286

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 ▼

599.03

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103004

Amount of Each Receipt this Period

51.07

**B.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ALBUQUERQUE

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 |
| 1 | 2 | / | 0 | 3 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101347

Amount of Each Receipt this Period

13.00

**C.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101898

Amount of Each Receipt this Period

13.00

SUBTOTAL of Receipts This Page (optional) .....

77.07

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 300 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF ALBUQUERQUE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102266

Amount of Each Receipt this Period

13.00

**B.**

Full Name (Last, First, Middle Initial)

RUTH R. RITCHIE

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

ACCOUNTING CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.71

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103763

Amount of Each Receipt this Period

258.71

**C.**

Full Name (Last, First, Middle Initial)

RUTH R. RITCHIE

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

ACCOUNTING CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.103762

Amount of Each Receipt this Period

13.67

**SUBTOTAL** of Receipts This Page (optional) .....

285.38

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE

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 ▼

1115.95

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103005

Amount of Each Receipt this Period

94.07

**B.**

Full Name (Last, First, Middle Initial)

GLADYS RIVERA

Mailing Address P.O. Box 1414

City

Lancaster

State

PA

Zip Code

17608-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

INSPECTION SAFETY PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102280

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102639

Amount of Each Receipt this Period

14.33

**SUBTOTAL** of Receipts This Page (optional) .....

158.40

**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  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.61

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102640

Amount of Each Receipt this Period

14.33

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M. ROBERTS

Mailing Address 5661 Windsor Woods 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.59

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103006

Amount of Each Receipt this Period

61.73

**C.**

Full Name (Last, First, Middle Initial)

HARRIETH L. ROBINSON

Mailing Address C/O 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  
City of Compton

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101694

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

86.06

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

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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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

HARRIETH L. ROBINSON

Mailing Address C/O 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Compton

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102222

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City State Zip Code  
SilverSpring MD 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 ▼

1140.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101612

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City State Zip Code  
SilverSpring MD 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 ▼

1183.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103230

Amount of Each Receipt this Period

43.17

**SUBTOTAL** of Receipts This Page (optional) .....

253.17

**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 304 / 444  
(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, QUALIFI-  
ED

**A.**

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 ▼

1226.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103344

Amount of Each Receipt this Period

43.17

**B.**

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 ▼

921.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103231

Amount of Each Receipt this Period

42.92

**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 ▼

964.58

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103345

Amount of Each Receipt this Period

42.92

**SUBTOTAL** of Receipts This Page (optional) .....

129.01

**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 305 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LAURENCE RODENSTEIN

Mailing Address 8033 Excelsior Drive  
Suite B

City State Zip Code  
Madison WI 53717-1903

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101826

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TINA RODRIGUEZ-BERG

Mailing Address 8329 20th Street SE

City State Zip Code  
Everett WA 98205

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 ▼

203.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103766

Amount of Each Receipt this Period

203.70

**C.**

Full Name (Last, First, Middle Initial)

TINA RODRIGUEZ-BERG

Mailing Address 8329 20th Street SE

City State Zip Code  
Everett WA 98205

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 ▼

221.10

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103764

Amount of Each Receipt this Period

17.40

**SUBTOTAL** of Receipts This Page (optional) .....

241.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**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

SECRETARY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.54

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102642

Amount of Each Receipt this Period

49.98

**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

SECRETARY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1269.52

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102643

Amount of Each Receipt this Period

49.98

**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 ▼

705.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102720

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

139.96

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 307 / 444

(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, QUALIFI-  
ED

**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 ▼

745.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102722

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

VICTORIA ROHRIG

Mailing Address 6220 E Fairbrook Street

City

Long Beach

State

CA

Zip Code

90815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 1199

Occupation

Organizer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101650

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603

City

WASHINGTON

State

DC

Zip Code

20036

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 ▼

1528.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103232

Amount of Each Receipt this Period

66.44

**SUBTOTAL** of Receipts This Page (optional) .....

136.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603

City State Zip Code  
WASHINGTON DC 20036

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 ▼

1594.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103346

Amount of Each Receipt this Period

66.44

**B.**

Full Name (Last, First, Middle Initial)  
ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603

City State Zip Code  
WASHINGTON DC 20036

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 ▼

2094.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.101804

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.101895

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

591.44

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Sylmar | CA    | 91342    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3339Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102225

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

GERALDINE ROPER

Mailing Address 179 Fleetwood Rd.

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Plantsville | CT    | 06479-1361 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103769

Amount of Each Receipt this Period

235.00

**C.**

Full Name (Last, First, Middle Initial)

GERALDINE ROPER

Mailing Address 179 Fleetwood Rd.

|             |       |            |
|-------------|-------|------------|
| City        | State | Zip Code   |
| Plantsville | CT    | 06479-1361 |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4Occupation  
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 |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103767

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

275.00

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 310 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
STEVE ROTH

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

354.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101362

Amount of Each Receipt this Period

18.67

**B.**

Full Name (Last, First, Middle Initial)  
STEVE ROTH

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

373.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101919

Amount of Each Receipt this Period

18.67

**C.**

Full Name (Last, First, Middle Initial)  
STEVE ROTH

Mailing Address 3412 Knipp Drive  
Suite 102

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102238

Amount of Each Receipt this Period

18.67

**SUBTOTAL** of Receipts This Page (optional) .....

56.01

**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 311 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ANDREW ROURKE

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101673

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH K. ROWE

Mailing Address 34 Lakeside Drive

City

Honesdale

State

PA

Zip Code

18431

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 ▼

1028.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103094

Amount of Each Receipt this Period

125.01

**C.**

Full Name (Last, First, Middle Initial)

GARY F. ROWELL

Mailing Address 18205 NW Bronson Road  
Unit S4

City

Portland

State

OR

Zip Code

97229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

572.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103435

Amount of Each Receipt this Period

47.50

**SUBTOTAL** of Receipts This Page (optional) .....

192.51

**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 312 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BONNIE L. RUDER

Mailing Address 6805 Oak Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102725

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

BONNIE L. RUDER

Mailing Address 6805 Oak Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102731

Amount of Each Receipt this Period

14.00

**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 ▼

1993.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102727

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

108.00

**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 313 / 444

(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, QUALIFI-  
ED

**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 ▼

2073.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102733

Amount of Each Receipt this Period

80.00

**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 ▼

2087.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102002

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

VEDA 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102735

Amount of Each Receipt this Period

38.50

**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 314 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

VEDA 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

763.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102736

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102644

Amount of Each Receipt this Period

21.69

**C.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102645

Amount of Each Receipt this Period

21.69

**SUBTOTAL** of Receipts This Page (optional) .....

81.88

**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 315 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY C. SABIN

Mailing Address 624 Celevland Street

City

Eveleth

State

MN

Zip Code

55734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

599.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103141

Amount of Each Receipt this Period

49.94

**B.**

Full Name (Last, First, Middle Initial)

GEORGE SACHARIAN

Mailing Address 126 S. Lynn Blvd.

City

Upper Darby

State

PA

Zip Code

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 ▼

774.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103095

Amount of Each Receipt this Period

94.05

**C.**

Full Name (Last, First, Middle Initial)

KATHY SACKMAN

Mailing Address 13029 Baltimore Court

City

Chino

State

CA

Zip Code

91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102003

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

171.99

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM SAMS

Mailing Address 34 Main Street  
#A

City State Zip Code  
The Plains OH 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 ▼

982.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103007

Amount of Each Receipt this Period

82.28

**B.**

Full Name (Last, First, Middle Initial)  
FLORA I. SANTIAGO-RIVERA

Mailing Address #52 Esmeralda Street  
Urb. Villa Blanca

City State Zip Code  
Caguas PR 00725

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103233

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
FLORA I. SANTIAGO-RIVERA

Mailing Address #52 Esmeralda Street  
Urb. Villa Blanca

City State Zip Code  
Caguas PR 00725

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103347

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

102.28

**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 317 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

EDWARD SASSO

Mailing Address 50 Knollwood Road

City

New Britain

State

CT

Zip Code

06052

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 ▼

466.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101665

Amount of Each Receipt this Period

37.52

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA SAUDER

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103096

Amount of Each Receipt this Period

54.60

**C.**

Full Name (Last, First, Middle Initial)

LEE ALAN 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

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2497.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103234

Amount of Each Receipt this Period

86.83

**SUBTOTAL** of Receipts This Page (optional) .....

178.95

**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 318 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LEE ALAN 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

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2583.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103348

Amount of Each Receipt this Period

86.83

**B.**

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 ▼

645.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103097

Amount of Each Receipt this Period

58.80

**C.**

Full Name (Last, First, Middle Initial)

SHELLIE A. SAVAGE

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103640

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

215.63

**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 319 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

SHELLIE A. SAVAGE

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101722

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

SHELLIE A. SAVAGE

Mailing Address 11540 Waddell Creek Rd. SW

City

Olympia

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102073

Amount of Each Receipt this Period

10.00

**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 ▼

1184.34

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

270.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 320 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

1226.81

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103235

Amount of Each Receipt this Period

42.47

**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 ▼

1269.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103349

Amount of Each Receipt this Period

42.47

**C.**

Full Name (Last, First, Middle Initial)

MARY ANN SAYTAR

Mailing Address 609 Penn Street

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 ▼

554.54

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103098

Amount of Each Receipt this Period

76.44

**SUBTOTAL** of Receipts This Page (optional) .....

161.38

**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 321 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City State Zip Code  
Alexandria VA 22314-3514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1616.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103236

Amount of Each Receipt this Period

70.86

**B.**

Full Name (Last, First, Middle Initial)  
LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City State Zip Code  
Alexandria VA 22314-3514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1687.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103350

Amount of Each Receipt this Period

70.86

**C.**

Full Name (Last, First, Middle Initial)  
ERNEST SCHLEGEL

Mailing Address 3211 E. Elm Rd.

City State Zip Code  
Oak Creek WI 53154

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 ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.103770

Amount of Each Receipt this Period

16.00

**SUBTOTAL** of Receipts This Page (optional) .....

157.72

**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 322 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 3299

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101367

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA LOC 3299

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101745

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City State Zip Code  
North Potomac MD 20878

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 ▼

2116.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103237

Amount of Each Receipt this Period

70.86

**SUBTOTAL** of Receipts This Page (optional) .....

170.86

**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 323 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, ORGANIZING &amp; FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2187.38

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103351

Amount of Each Receipt this Period

70.86

**B.**

Full Name (Last, First, Middle Initial)

JON SCHOEB

Mailing Address 212 N 4th Street

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103479

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC SCHUBERT

Mailing Address 132 College Avenue

City

Elmhurst

State

PA

Zip Code

18416

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 ▼

425.75

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103099

Amount of Each Receipt this Period

52.14

SUBTOTAL of Receipts This Page (optional) .....

163.00

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 324 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LINDSAY M. SCHWAB

Mailing Address 1532 Hague Avenue

City

St. Paul

State

MN

Zip Code

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102169

Amount of Each Receipt this Period

27.00

**B.**

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 ▼

1239.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103100

Amount of Each Receipt this Period

103.80

**C.**

Full Name (Last, First, Middle Initial)

RICHARD D. SCHWARTZ

Mailing Address 8300 Phillips Rd., SW  
#7

City

Lakewood

State

WA

Zip Code

98498

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103641

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

240.80

**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 PageFOR LINE NUMBER: PAGE 325 / 444  
(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

RICHARD D. SCHWARTZ

Mailing Address 8300 Phillips Rd., SW  
#7

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Lakewood | WA    | 98498    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
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 |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101844

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD D. SCHWARTZ

Mailing Address 8300 Phillips Rd., SW  
#7

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| Lakewood | WA    | 98498    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102089

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MARY SCOON

Mailing Address 8033 Excelsior Drive  
#B

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Madison | WI    | 53717    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40Occupation  
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 |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101827

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

40.00

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 326 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GAIL M. SCOTT

Mailing Address 751 Bulen Avenue

City

Columbus

State

OH

Zip Code

43205

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 ▼

400.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103008

Amount of Each Receipt this Period

37.62

**B.**

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103238

Amount of Each Receipt this Period

38.85

**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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1058.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103352

Amount of Each Receipt this Period

38.85

**SUBTOTAL** of Receipts This Page (optional) .....

115.32

**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 327 / 444  
(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, QUALIFI-  
ED

**A.**

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 ▼

2242.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101568

Amount of Each Receipt this Period

500.00

**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 ▼

2325.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103239

Amount of Each Receipt this Period

82.98

**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 ▼

2408.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103353

Amount of Each Receipt this Period

82.98

**SUBTOTAL** of Receipts This Page (optional) .....

665.96

**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 328 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN G SEGUIN

Mailing Address 715 N SEVENTH STREET

City

MANITOWOC

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101602

Amount of Each Receipt this Period

9.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN G SEGUIN

Mailing Address 715 N SEVENTH STREET

City

MANITOWOC

State

WI

Zip Code

54220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101965

Amount of Each Receipt this Period

9.00

**C.**

Full Name (Last, First, Middle Initial)

RUTH SEID

Mailing Address 8036 Noble Avenue

City

Van Nuys

State

CA

Zip Code

91402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
City of Los Angeles/ CA  
CN 36

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101957

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

28.00

**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 329 / 444

(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, QUALIFI-  
ED

**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 ▼

1102.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103142

Amount of Each Receipt this Period

87.72

**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 ▼

1216.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102004

Amount of Each Receipt this Period

114.00

**C.**

Full Name (Last, First, Middle Initial)

JERRY SERFLING

Mailing Address 2388 Hidden Valley Lane

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103143

Amount of Each Receipt this Period

72.46

**SUBTOTAL** of Receipts This Page (optional) .....

274.18

**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 330 / 444

(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, QUALIFI-  
ED

**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 ▼

951.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103240

Amount of Each Receipt this Period

41.77

**B.**

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 ▼

993.60

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103354

Amount of Each Receipt this Period

41.77

**C.**

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 ▼

1239.96

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103101

Amount of Each Receipt this Period

103.80

**SUBTOTAL** of Receipts This Page (optional) .....

187.34

**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 331 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**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 11Occupation  
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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103399

Amount of Each Receipt this Period

10.00

**B.**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 11Occupation  
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 |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102041

Amount of Each Receipt this Period

10.00

**C.**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 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

774.09

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103102

Amount of Each Receipt this Period

94.05

SUBTOTAL of Receipts This Page (optional) .....

114.05

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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DIANE SHANNON

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101672

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

SCOTT O. SHARP

Mailing Address 136 13th Avenue

City

Union Grove

State

WI

Zip Code

53182

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101749

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City

Troy

State

MI

Zip Code

48083

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 ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102646

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
KATHLEEN SHERRILL

Mailing Address 2396 Niagara

City State Zip Code  
Troy MI 48083

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102647

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
CRYSTAL SHREFFLER

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111-1599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103103

Amount of Each Receipt this Period

36.58

**C.**

Full Name (Last, First, Middle Initial)  
JASON T. SIDENER

Mailing Address 219 Mittlan Street  
#3

City State Zip Code  
Madison WI 53703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 11

Occupation  
PROJECT ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102138

Amount of Each Receipt this Period

229.44

**SUBTOTAL** of Receipts This Page (optional) .....

276.02

**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 334 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

STEVE SIEGEL

Mailing Address 411 NORTH COURT

City

OTTUMWA

State

IA

Zip Code

52501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101881

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

STEVE SIEGEL

Mailing Address 411 NORTH COURT

City

OTTUMWA

State

IA

Zip Code

52501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 2 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101888

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

CYNTHIA R. SILVA

Mailing Address 3770 Upper Drive

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

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 |
| 1 | 2 | / | 0 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103667

Amount of Each Receipt this Period

370.00

SUBTOTAL of Receipts This Page (optional) .....

410.00

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 335 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA R. SILVA

Mailing Address 3770 Upper Drive

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103560

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

CARLA SIMMONS

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101666

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MELISSA SIMONETTA

Mailing Address 43845 Thornberry Square, Bldg 7,  
Apt. #212

City

Leesburg

State

VA

Zip Code

20176

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 ▼

644.89

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103241

Amount of Each Receipt this Period

28.56

SUBTOTAL of Receipts This Page (optional) .....

108.56

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 336 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MELISSA SIMONETTA

Mailing Address 43845 Thornberry Square, Bldg 7,  
Apt. #212

City State Zip Code  
Leesburg VA 20176

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 ▼

657.87

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103355

Amount of Each Receipt this Period

12.98

**B.**

Full Name (Last, First, Middle Initial)

MARY HELEN SIMONSON

Mailing Address 4510 East Powell

City State Zip Code  
Gresham OR 97080-1946

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103436

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

ISSA J. SIMPSON

Mailing Address 1139 S.E. 16th Avenue

City State Zip Code  
Portland OR 97214-3705

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
OFFICE SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103437

Amount of Each Receipt this Period

60.00

**SUBTOTAL** of Receipts This Page (optional) .....

92.98

**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 337 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

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 ▼

830.52

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103242

Amount of Each Receipt this Period

38.52

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

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 ▼

869.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103356

Amount of Each Receipt this Period

38.52

**C.**

Full Name (Last, First, Middle Initial)

DAVID M. SINE

Mailing Address 6709 NE Sumner Street

City

Portland

State

OR

Zip Code

97218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103438

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

97.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 444

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

TODD L. SINGER

Mailing Address 1030 6th Avenue

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

ADMINISTRATIVE/CLERICAL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102281

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LOU M. SINNIGER

Mailing Address 123 NE 3rd Avenue  
Suite 505

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 5 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103439

Amount of Each Receipt this Period

20.00

**C.**

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 ▼

1032.56

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 6 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103009

Amount of Each Receipt this Period

82.28

SUBTOTAL of Receipts This Page (optional) .....

142.28

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 339 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TERRY SKULTETY

Mailing Address 222 Meade Street

City

Homer City

State

PA

Zip Code

15748

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 ▼

420.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103104

Amount of Each Receipt this Period

43.45

**B.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102737

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102739

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

63.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
BETTY SMITH

Mailing Address 19292 Archer

City State Zip Code  
Detroit MI 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 ▼

746.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102648

Amount of Each Receipt this Period

30.92

**B.**

Full Name (Last, First, Middle Initial)  
BETTY SMITH

Mailing Address 19292 Archer

City State Zip Code  
Detroit MI 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 ▼

777.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102649

Amount of Each Receipt this Period

30.92

**C.**

Full Name (Last, First, Middle Initial)  
CONNIE SMITH

Mailing Address 1739 E 24th Street

City State Zip Code  
Capitol Heights IA 50317

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME IA CN 61

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101880

Amount of Each Receipt this Period

40.30

**SUBTOTAL** of Receipts This Page (optional) .....

102.14

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CONNIE SMITH

Mailing Address 1739 E 24th Street

City

Capitol Heights

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.05

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101887

Amount of Each Receipt this Period

40.30

**B.**

Full Name (Last, First, Middle Initial)

ZACH SMITH

Mailing Address 3505 26th Avenue NE

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

PRINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102198

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KATHY S. SNYDER

Mailing Address 20401 Krafter Rd.

City

Laurelville

State

OH

Zip Code

43135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

DAYCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103400

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KATHY S. SNYDER

Mailing Address 20401 Krafter Rd.

City

Laurelville

State

OH

Zip Code

43135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

DAYCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102043

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

NORMAN L. SNYDER

Mailing Address 139 Sycamore Street East  
#4

City

St. Paul

State

MN

Zip Code

55117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation

COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102170

Amount of Each Receipt this Period

40.00

**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 ▼

809.79

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103105

Amount of Each Receipt this Period

129.75

**SUBTOTAL** of Receipts This Page (optional) .....

179.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**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 ▼

1014.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103106

Amount of Each Receipt this Period

121.26

**B.**

Full Name (Last, First, Middle Initial)

EDITHIA M. SPEARS

Mailing Address 4690 Ascot Drive

City State Zip Code  
Columbus OH 43229

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 ▼

316.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103010

Amount of Each Receipt this Period

56.66

**C.**

Full Name (Last, First, Middle Initial)

HARRIETT SPENCER

Mailing Address 49 Fulliam Circle

City State Zip Code  
Allenstown NH 03275-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MA CN 93

Occupation  
COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101671

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

207.92

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102742

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102746

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JOHN SPIEGELHOFF

Mailing Address 8033 Excelsior Drive  
Suite A

City

Madison

State

WI

Zip Code

53717-1903

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101828

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

58.48

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SHIRLEY A SPIVEY

Mailing Address P. O. Box 090365

City

Brown Deer

State

WI

Zip Code

53209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101651

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER SPRINGER

Mailing Address 8 Beacon Street

City

Boston

State

MA

Zip Code

02108-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101670

Amount of Each Receipt this Period

30.00

**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 & TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

872.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103243

Amount of Each Receipt this Period

38.72

**SUBTOTAL** of Receipts This Page (optional) .....

98.72

**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, QUALIFI-  
ED

**A.**

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 & TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

911.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103357

Amount of Each Receipt this Period

38.72

**B.**

Full Name (Last, First, Middle Initial)

CAROL E. STAHLKE

Mailing Address 19378 Silverfox Parkway

City

Oregon City

State

OR

Zip Code

97045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

CUST ACCTS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103440

Amount of Each Receipt this Period

50.00

**C.**

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 ▼

1039.51

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103011

Amount of Each Receipt this Period

84.12

**SUBTOTAL** of Receipts This Page (optional) .....

172.84

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101838

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102085

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.101570

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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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)  
CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.101945

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
BECKY STEPHENS

Mailing Address 4637 Olympia Way

City State Zip Code  
Longview WA 98632

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101933

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
REBECCA A. STEWARD

Mailing Address P.O. Box 12455

City State Zip Code  
Salem OR 97309

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103441

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 349 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103401

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102044

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT STEWART

Mailing Address 20648 Bent Willow Road

City

Rohrersville

State

MD

Zip Code

21779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
IS SUPPORT STAFF MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103244

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**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 350 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROBERT STEWART

Mailing Address 20648 Bent Willow Road

City

Rohrersville

State

MD

Zip Code

21779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

IS SUPPORT STAFF MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103358

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

ROY STONE

Mailing Address 1119 Congwood PL

City

Los Angeles

State

CA

Zip Code

90019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA CN 36

Occupation

Staff Representative

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101958

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM STOUFFER

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 ▼

742.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103107

Amount of Each Receipt this Period

62.70

**SUBTOTAL** of Receipts This Page (optional) .....

84.70

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
VIVIAN STOVALL

Mailing Address 330 Acoma Street  
Apt#505

City State Zip Code  
Denver CO 80223

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CO CN 76

Occupation  
Retiree

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.101924

Amount of Each Receipt this Period

25.00

**B.**

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 ▼

995.35

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103245

Amount of Each Receipt this Period

44.09

**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 ▼

1039.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103359

Amount of Each Receipt this Period

44.09

**SUBTOTAL** of Receipts This Page (optional) .....

113.18

**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, QUALIFI-  
ED

**A.**

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 ▼

649.83

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103246

Amount of Each Receipt this Period

28.29

**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 ▼

678.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103360

Amount of Each Receipt this Period

28.29

**C.**

Full Name (Last, First, Middle Initial)

DEBRA STRICKLAND

Mailing Address 657 Marshall Avenue

City

St. Paul

State

MN

Zip Code

55104-6645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103480

Amount of Each Receipt this Period

18.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.58

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WENDY J. STROUT

Mailing Address 6710 North Sidney Place  
#206

City State Zip Code  
Glendale WI 53209

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 11

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102140

Amount of Each Receipt this Period

191.20

**B.**

Full Name (Last, First, Middle Initial)

BARBARA STRUNGE

Mailing Address 11221 Southwestern Ave.

City State Zip Code  
Chicago IL 60643

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103481

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City State Zip Code  
Oxon Hill MD 20745

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103247

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103361

Amount of Each Receipt this Period

20.00

**B.**

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 ▼

1082.06

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103248

Amount of Each Receipt this Period

49.80

**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 ▼

1131.86

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103362

Amount of Each Receipt this Period

49.80

**SUBTOTAL** of Receipts This Page (optional) .....

119.60

**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 355 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KENNETH SULFRIDGE

Mailing Address 24 Buckeye St.

City

Dayton

State

OH

Zip Code

45420

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 ▼

202.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103773

Amount of Each Receipt this Period

13.50

**B.**

Full Name (Last, First, Middle Initial)

MARY 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101873

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MARY 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102005

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

128.50

**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 356 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARY 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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2090.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102150

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103402

Amount of Each Receipt this Period

13.06

**C.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102046

Amount of Each Receipt this Period

13.06

**SUBTOTAL** of Receipts This Page (optional) .....

41.12

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JACKIE L. SURBER

Mailing Address 1900 SW Campus Dr.  
Apt.33-103

City State Zip Code  
Federal Way WA 98023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103642

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

JACKIE L. SURBER

Mailing Address 1900 SW Campus Dr.  
Apt.33-103

City State Zip Code  
Federal Way WA 98023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101865

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JACKIE L. SURBER

Mailing Address 1900 SW Campus Dr.  
Apt.33-103

City State Zip Code  
Federal Way WA 98023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102112

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ANNA SUTTON

Mailing Address 928 Beechwood Court

City

Plainfield

State

NJ

Zip Code

07060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

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 Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101701

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE SWAN

Mailing Address 11850 S.E. Broyles Court

City

Clackamas

State

OR

Zip Code

97015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103442

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

NANCY SWINDELL

Mailing Address 26190 N Lowles Rd.

City

Acampo

State

CA

Zip Code

95220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.103776

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ANGELA TABOR

Mailing Address 1795 South Grove Road

City

Ypsilanti

State

MI

Zip Code

48198

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 ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102651

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

ANGELA TABOR

Mailing Address 1795 South Grove Road

City

Ypsilanti

State

MI

Zip Code

48198

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102652

Amount of Each Receipt this Period

20.00

**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 ▼

1242.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103249

Amount of Each Receipt this Period

100.94

**SUBTOTAL** of Receipts This Page (optional) .....

140.94

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY M. TAGGART

Mailing Address 12001 Market Street  
Unit 450

City State Zip Code  
Reston VA 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 ▼

1343.93

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103363

Amount of Each Receipt this Period

100.94

**B.**

Full Name (Last, First, Middle Initial)

JAMES TAIT

Mailing Address 119 Hells Kitchen Court

City State Zip Code  
Drums PA 18222

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 ▼

773.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103108

Amount of Each Receipt this Period

62.70

**C.**

Full Name (Last, First, Middle Initial)

MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LOC 3299, HED

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101365

Amount of Each Receipt this Period

65.00

**SUBTOTAL** of Receipts This Page (optional) .....

228.64

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LOC 3299, HED

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101746

Amount of Each Receipt this Period

65.00

**B.**

Full Name (Last, First, Middle Initial)  
NANCY P. TAYLOR

Mailing Address 55 Northwest Drive

City State Zip Code  
Huntingtown MD 20639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AFFILIATE RELATIONS, MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

856.77

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103250

Amount of Each Receipt this Period

37.69

**C.**

Full Name (Last, First, Middle Initial)  
NANCY P. TAYLOR

Mailing Address 55 Northwest Drive

City State Zip Code  
Huntingtown MD 20639

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AFFILIATE RELATIONS, MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

894.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103364

Amount of Each Receipt this Period

37.69

**SUBTOTAL** of Receipts This Page (optional) .....

140.38

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DAVID TESTER

Mailing Address 6955 H New Oxford Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

TRANSPORTATION EQUIPMENT OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103109

Amount of Each Receipt this Period

34.76

**B.**

Full Name (Last, First, Middle Initial)

EDWARD THIBODEAU

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101667

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BETTY A. THOMAS

Mailing Address 2006 Faycrest Drive

City

Cincinnati

State

OH

Zip Code

45238

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 ▼

509.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103012

Amount of Each Receipt this Period

42.66

**SUBTOTAL** of Receipts This Page (optional) .....

97.42

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102653

Amount of Each Receipt this Period

19.67

**B.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.29

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102654

Amount of Each Receipt this Period

19.67

**C.**

Full Name (Last, First, Middle Initial)

RAYMOND THOMAS

Mailing Address 7609 Union Street NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.08

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101637

Amount of Each Receipt this Period

30.76

**SUBTOTAL** of Receipts This Page (optional) .....

70.10

**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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FOR LINE NUMBER: PAGE 364 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LYNN G. THOMASSON, Sr.

Mailing Address 5079 Altrim Road

City

Dayton

State

OH

Zip Code

45418-2015

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 ▼

791.45

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103013

Amount of Each Receipt this Period

30.24

**B.**

Full Name (Last, First, Middle Initial)

PATRICK S. THOMASSON

Mailing Address 1347 Marot Drive

City

Trotwood

State

OH

Zip Code

45427

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 ▼

731.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103014

Amount of Each Receipt this Period

60.48

**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 ▼

982.56

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103015

Amount of Each Receipt this Period

82.28

**SUBTOTAL** of Receipts This Page (optional) .....

173.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**Full Name (Last, First, Middle Initial)  
PETER THOR

Mailing Address 4 Betts Place

|              |       |          |
|--------------|-------|----------|
| City         | State | Zip Code |
| East Norwalk | CT    | 06855    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.81

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101668

Amount of Each Receipt this Period

38.90

**B.**Full Name (Last, First, Middle Initial)  
JOHN THORSON

Mailing Address 555 Selby Avenue

|            |       |          |
|------------|-------|----------|
| City       | State | Zip Code |
| Saint Paul | MN    | 55102    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14Occupation  
POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.02

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103144

Amount of Each Receipt this Period

62.60

**C.**Full Name (Last, First, Middle Initial)  
DENNIS D. TIPTON

Mailing Address 1683 Kuntz Road

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
| Ere  | PA    | 16509    |

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPAOccupation  
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 |
| 1 | 2 | / | 3 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102282

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

121.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 366 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

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 ▼

1391.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103251

Amount of Each Receipt this Period

37.81

**B.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

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 ▼

1429.31

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103365

Amount of Each Receipt this Period

37.81

**C.**

Full Name (Last, First, Middle Initial)

ADDLEY TOLE

Mailing Address 41628 MTN View Place E

City

Gold Bar

State

WA

Zip Code

98251

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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103682

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.62

**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 367 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ADDLEY TOLE

Mailing Address 41628 MTN View Place E

City

Gold Bar

State

WA

Zip Code

98251

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102199

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

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 Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103403

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102049

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

60.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 444

(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, QUALIFI-  
ED

**A.**

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 ▼

789.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102655

Amount of Each Receipt this Period

34.33

**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 ▼

823.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102656

Amount of Each Receipt this Period

34.33

**C.**

Full Name (Last, First, Middle Initial)

KATHLEEN TOPACIO-FLORES

Mailing Address 7402 Edmondston Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, PEOPLE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.46

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103252

Amount of Each Receipt this Period

47.82

**SUBTOTAL** of Receipts This Page (optional) .....

116.48

**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 369 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

KATHLEEN TOPACIO-FLORES

Mailing Address 7402 Edmondston Road

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, PEOPLE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1141.28

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103366

Amount of Each Receipt this Period

47.82

**B.**

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 ▼

441.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103111

Amount of Each Receipt this Period

38.26

**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 ▼

1835.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103253

Amount of Each Receipt this Period

77.03

**SUBTOTAL** of Receipts This Page (optional) .....

163.11

**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 370 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City State Zip Code  
Miramar FL 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 ▼

1912.70

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103367

Amount of Each Receipt this Period

77.03

**B.**

Full Name (Last, First, Middle Initial)  
YULANDA TUCKER

Mailing Address 1217 Dalton Road

City State Zip Code  
Parkville MD 21234

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101635

Amount of Each Receipt this Period

22.02

**C.**

Full Name (Last, First, Middle Initial)  
ELIZABETH TURNBOW

Mailing Address 4443 Libby N.E.

City State Zip Code  
Olympia WA 98506

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 ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102200

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

139.05

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOHN TWIFORD

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 ▼

254.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103112

Amount of Each Receipt this Period

31.26

**B.**

Full Name (Last, First, Middle Initial)

NSEABASI E. UFOT

Mailing Address 4201 Victory Parkway  
Apt. 911

City

Cincinnati

State

OH

Zip Code

45229

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 ▼

640.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103016

Amount of Each Receipt this Period

49.82

**C.**

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 ▼

733.41

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101555

Amount of Each Receipt this Period

61.31

**SUBTOTAL** of Receipts This Page (optional) .....

142.39

**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  
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FOR LINE NUMBER: PAGE 372 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CYNTHIA E VALIN

Mailing Address 2002 E 12TH STREET

City

DES MOINES

State

IA

Zip Code

50316

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 ▼

304.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101394

Amount of Each Receipt this Period

9.21

**B.**

Full Name (Last, First, Middle Initial)

CYNTHIA E VALIN

Mailing Address 2002 E 12TH STREET

City

DES MOINES

State

IA

Zip Code

50316

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 ▼

313.44

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101907

Amount of Each Receipt this Period

9.21

**C.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103643

Amount of Each Receipt this Period

90.00

**SUBTOTAL** of Receipts This Page (optional) .....

108.42

**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 373 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101855

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

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 Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102100

Amount of Each Receipt this Period

12.50

**C.**

Full Name (Last, First, Middle Initial)

TARA VANCELEET

Mailing Address 114 Thompson Street

City

Dalton

State

PA

Zip Code

18414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

444.42

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103113

Amount of Each Receipt this Period

38.10

**SUBTOTAL** of Receipts This Page (optional) .....

63.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

FRANK VEHAFRIC

Mailing Address P.O. Box 15

City

Ontario

State

OR

Zip Code

97914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103443

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W. VELEZ

Mailing Address 5223 Irving Avenue No.

City

Minneapolis

State

MN

Zip Code

55430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102172

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY VERNELL

Mailing Address 478 Estates Drive

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102750

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

74.00

**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 375 / 444

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

ANTHONY VERNELL

Mailing Address 478 Estates Drive

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102751

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

LORI E VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101608

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

LORI E VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

356.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102203

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional) .....

58.00

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 376 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JUDITH VIOLA WAHLBERG

Mailing Address 5069 County Rd.

City

Mountain Iron

State

MN

Zip Code

55768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.101910

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR WAKE

Mailing Address 1203 NE 135th Street  
#403

City

Seattle

State

WA

Zip Code

98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/WA UNIV

Occupation

PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101351

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ARTHUR WAKE

Mailing Address 1203 NE 135th Street  
#403

City

Seattle

State

WA

Zip Code

98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/WA UNIV

Occupation

PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: SA11AI.101940

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

90.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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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, QUALIFI-  
ED

**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 ▼

2511.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103254

Amount of Each Receipt this Period

57.01

**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 ▼

2568.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103368

Amount of Each Receipt this Period

57.01

**C.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. WALLACE

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

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 ▼

582.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103255

Amount of Each Receipt this Period

25.81

**SUBTOTAL** of Receipts This Page (optional) .....

139.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. WALLACE

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

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 ▼

608.43

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103369

Amount of Each Receipt this Period

25.81

**B.**

Full Name (Last, First, Middle Initial)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

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 ▼

473.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102657

Amount of Each Receipt this Period

21.80

**C.**

Full Name (Last, First, Middle Initial)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.48

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102658

Amount of Each Receipt this Period

21.80

**SUBTOTAL** of Receipts This Page (optional) .....

69.41

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

ROMONA WARNKE

Mailing Address 1324 2nd Street W

City

Eveleth

State

MN

Zip Code

55734-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103668

Amount of Each Receipt this Period

24.00

**B.**

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

UNION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.102006

Amount of Each Receipt this Period

70.00

**C.**

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 ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103256

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

104.00

**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, QUALIFI-  
ED

**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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103370

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JEFFERY M. WATT

Mailing Address 2730 Elliott Ave.

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103404

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFERY M. WATT

Mailing Address 2730 Elliott Ave.

City

Columbus

State

OH

Zip Code

43204

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102050

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

30.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JO ANN WAUGH

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 ▼

352.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103114

Amount of Each Receipt this Period

34.76

**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 ▼

1081.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103257

Amount of Each Receipt this Period

47.82

**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 ▼

1129.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103371

Amount of Each Receipt this Period

47.82

**SUBTOTAL** of Receipts This Page (optional) .....

130.40

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH WEAVER

Mailing Address 2140 DELAFIELD STREET

City State Zip Code  
WAUKESHA WI 53589-2123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPT OF TRANSPORTATION

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.23

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101601

Amount of Each Receipt this Period

25.91

**B.**

Full Name (Last, First, Middle Initial)  
KENNETH WEAVER

Mailing Address 2140 DELAFIELD STREET

City State Zip Code  
WAUKESHA WI 53589-2123

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DEPT OF TRANSPORTATION

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

542.14

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.101964

Amount of Each Receipt this Period

25.91

**C.**

Full Name (Last, First, Middle Initial)  
GARLAND W. WEBB

Mailing Address 13235 VIRGIL JACKSON

City State Zip Code  
BATON ROUGE LA 70818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LA CN 17

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.101364

Amount of Each Receipt this Period

20.24

**SUBTOTAL** of Receipts This Page (optional) .....

72.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

GARLAND W. WEBB

Mailing Address 13235 VIRGIL JACKSON

City

BATON ROUGE

State

LA

Zip Code

70818

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME LA CN 17

Occupation

PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

332.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102236

Amount of Each Receipt this Period

20.24

**B.**

Full Name (Last, First, Middle Initial)

ALVIN B. WEBSTER

Mailing Address 3715 N 54th Boulevard

City

Milwaukee

State

WI

Zip Code

53216

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COUNTY OF MILWAUKEE

Occupation

FACILITIES WORKER III

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101652

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH W. WEIDNER

Mailing Address 255 Binns Boulevard

City

Columbus

State

OH

Zip Code

43204-2515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

EDITOR

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

736.32

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.103017

Amount of Each Receipt this Period

61.66

**SUBTOTAL** of Receipts This Page (optional) .....

105.90

**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, QUALIFI-  
ED

**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 ▼

2410.26

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.101614

Amount of Each Receipt this Period

500.00

**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 ▼

2497.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103258

Amount of Each Receipt this Period

86.83

**C.**

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 ▼

2583.92

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103372

Amount of Each Receipt this Period

86.83

**SUBTOTAL** of Receipts This Page (optional) .....

673.66

**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 385 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

SUSAN WELDON

Mailing Address 16 Fairfield Street

City

Harrisburg

State

PA

Zip Code

17109-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP

Occupation

CONTROL ROOM OPERATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101737

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LAURA M WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI Dept of Corrections

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 |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101604

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA M WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WI Dept of Corrections

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.101967

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

60.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. WELLER

Mailing Address 552 Log Cabin Street

City

Independence

State

OR

Zip Code

97351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

PERSONAL TRAINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103444

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS P WEST

Mailing Address 2803 W North Bend Rd.

City

Cincinnati

State

OH

Zip Code

45239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF CINCINNATI/OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.98

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101567

Amount of Each Receipt this Period

27.69

**C.**

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 ▼

692.64

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.103145

Amount of Each Receipt this Period

57.86

**SUBTOTAL** of Receipts This Page (optional) .....

105.55

**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 387 / 444

(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, QUALIFI-  
ED

**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

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102753

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

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1110.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102754

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES B. WESTOVER

Mailing Address 1428 Monroe Street  
#D

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ONLINE MOBILIZATION COORDINATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.91

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103259

Amount of Each Receipt this Period

30.10

**SUBTOTAL** of Receipts This Page (optional) .....

130.10

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

CHARLES B. WESTOVER

Mailing Address 1428 Monroe Street  
#DCity State Zip Code  
Washington DC 20010FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
ONLINE MOBILIZATION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

707.01

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103373

Amount of Each Receipt this Period

30.10

**B.**

Full Name (Last, First, Middle Initial)

DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14City State Zip Code  
Perrysburg OH 43551FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103405

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14City State Zip Code  
Perrysburg OH 43551FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102051

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

50.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205

City State Zip Code  
Farmington Hills MI 48334

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 ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102662

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205

City State Zip Code  
Farmington Hills MI 48334

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 ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102663

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City State Zip Code  
Lansing MI 48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.30

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102660

Amount of Each Receipt this Period

26.10

**SUBTOTAL** of Receipts This Page (optional) .....

56.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.40

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102766

Amount of Each Receipt this Period

26.10

**B.**

Full Name (Last, First, Middle Initial)

THOMAS WICKER

Mailing Address 51 Folcroft Avenue

City

Folcroft

State

PA

Zip Code

19032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102283

Amount of Each Receipt this Period

18.00

**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/SOMN

Occupation

RECORDING SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1185.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103482

Amount of Each Receipt this Period

92.00

**SUBTOTAL** of Receipts This Page (optional) .....

136.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 444  
(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)  
GUY WIEDERHOLD

Mailing Address 906 Laurel Boulevard

City State Zip Code  
Pottsville PA 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 ▼

774.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103115

Amount of Each Receipt this Period

94.05

**B.**

Full Name (Last, First, Middle Initial)  
WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City State Zip Code  
Springfield VA 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 ▼

1014.07

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103260

Amount of Each Receipt this Period

44.09

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City State Zip Code  
Springfield VA 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 ▼

1058.16

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103374

Amount of Each Receipt this Period

44.09

**SUBTOTAL** of Receipts This Page (optional) .....

182.23

**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 392 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BRENDA WILLIAMS

Mailing Address 444 NE Ravenna Blvd.  
STE. 108

City State Zip Code  
Seattle WA 98115

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 ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102201

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

JACQUELYNN WILLIAMS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102096

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.49

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103261

Amount of Each Receipt this Period

41.63

**SUBTOTAL** of Receipts This Page (optional) .....

81.63

**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 393 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.12

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.103375

Amount of Each Receipt this Period

41.63

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP WILLIAMS

Mailing Address 296 Churchmans Road

City State Zip Code  
New Castle DE 19720-9930

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 ▼

733.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101556

Amount of Each Receipt this Period

60.36

**C.**

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City State Zip Code  
Detroit MI 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 ▼

899.76

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102664

Amount of Each Receipt this Period

39.12

**SUBTOTAL** of Receipts This Page (optional) .....

141.11

**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 394 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**Full Name (Last, First, Middle Initial)  
SAUNDRA WILLIAMS

Mailing Address 16218 Braile

|         |       |            |
|---------|-------|------------|
| City    | State | Zip Code   |
| Detroit | MI    | 48219-4727 |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

938.88

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102665

Amount of Each Receipt this Period

39.12

**B.**Full Name (Last, First, Middle Initial)  
CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Minford | OH    | 45653    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 0 | 7 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.103406

Amount of Each Receipt this Period

10.00

**C.**Full Name (Last, First, Middle Initial)  
CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

|         |       |          |
|---------|-------|----------|
| City    | State | Zip Code |
| Minford | OH    | 45653    |

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 2 | 1 | / | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102052

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

59.12

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 395 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

DAUN M. WILLIAMSON

Mailing Address 1635 Log Run Rd.

City

Williamsport

State

PA

Zip Code

17701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.102284

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103644

Amount of Each Receipt this Period

150.50

**C.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101721

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

204.00

**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 396 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102072

Amount of Each Receipt this Period

13.50

**B.**

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 ▼

1141.62

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103116

Amount of Each Receipt this Period

137.49

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.103407

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

160.99

**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  
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FOR LINE NUMBER: PAGE 397 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.102053

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

EARL D. WINTER

Mailing Address 2116 NE Flanders Street  
Apt. #4

City

Portland

State

OR

Zip Code

97232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.103445

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

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 Y  
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.102755

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

68.50

**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 398 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.50

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.102756

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103645

Amount of Each Receipt this Period

80.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101866

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

128.50

**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 399 / 444

(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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: SA11AI.102113

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KRISTIE WOLF

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 ▼

774.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.103117

Amount of Each Receipt this Period

94.05

**C.**

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 ▼

592.94

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 0 7

Transaction ID: SA11AI.102666

Amount of Each Receipt this Period

25.78

**SUBTOTAL** of Receipts This Page (optional) .....

129.83

**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

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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, QUALIFI-  
ED

**A.**

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 ▼

618.72

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.102667

Amount of Each Receipt this Period

25.78

**B.**

Full Name (Last, First, Middle Initial)

TERRY WOODROW

Mailing Address 4-C Winding Way

City

Westville

State

NJ

Zip Code

08093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

SECURITY OFFICER SGT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101700

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

PETER WRAY

Mailing Address 4374 Stinson Drive W.

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11

Occupation

COMMUNICATIONS DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101382

Amount of Each Receipt this Period

38.06

**SUBTOTAL** of Receipts This Page (optional) .....

103.84

**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, QUALIFI-  
ED

**A.**

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 & LEGIS.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

889.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 0 7

Transaction ID: SA11AI.101669

Amount of Each Receipt this Period

74.14

**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 ▼

721.78

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.101383

Amount of Each Receipt this Period

66.20

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 0 7

Transaction ID: SA11AI.101876

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

155.34

**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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☒ 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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 7 / 2 0 0 7

Transaction ID: SA11AI.102147

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE E. ZELLER

Mailing Address 518 H Street, SW

City

Tumwater

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.103646

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

BRUCE E. ZELLER

Mailing Address 518 H Street, SW

City

Tumwater

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 7

Transaction ID: SA11AI.101714

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

55.00

**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 403 / 444

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

BRUCE E. ZELLER

Mailing Address 518 H Street, SW

City

Tumwater

State

WA

Zip Code

98512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐
☐
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 6 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA11AI.102065

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

10.00

TOTAL This Period (last page this line number only) .....

57033.77

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 444

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL &amp; LEG EQUALITY

Mailing Address P. O. BOX 2882  
Church Street Station

|          |       |          |
|----------|-------|----------|
| City     | State | Zip Code |
| New York | NY    | 10008    |

FEC ID number of contributing  
federal political committee.**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570058.35

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 7 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA12.101796

Amount of Each Receipt this Period

38647.64

SUBTOTAL of Receipts This Page (optional) .....

38647.64

TOTAL This Period (last page this line number only) .....

38647.64

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 444

(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 & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**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 ▼

3905.03

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 0 | 7 |

Transaction ID: SA17.101805

Amount of Each Receipt this Period

380.03

Interest Income 12/31/07

SUBTOTAL of Receipts This Page (optional) .....

380.03

TOTAL This Period (last page this line number only) .....

380.03

# **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 406 / 444

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City  
New York

State  
NY

Zip Code  
10001

Purpose of Disbursement

Loan Origination Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.101755

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

15000.00

**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

Service Charge 12/1/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.101411

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

9.45

**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

Service Charge 12/21/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB21B.101797

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

9.99

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

15019.44

**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 407 / 444

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BART GROUP

Mailing Address 171 Main Street

City  
Port Washington

State  
NY

Zip Code  
11050

Purpose of Disbursement  
Service Charge 12/5/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.100993

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

144.75

**B.**

Full Name (Last, First, Middle Initial)

DISCOVER NETWORK

Mailing Address P. O. BOX 3016

City  
New Albany

State  
OH

Zip Code  
43054

Purpose of Disbursement  
Service Charge 12/4/07

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.100994

Date of Disbursement

12 / 04 / 2007

Amount of Each Disbursement this Period

1.26

**C.**

Full Name (Last, First, Middle Initial)

FRECKLES GRAPHICS

Mailing Address 3835 Fortune Drive

City  
Lafayette

State  
IN

Zip Code  
47905

Purpose of Disbursement  
Merchandise Production Costs

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.101032

Date of Disbursement

12 / 05 / 2007

Amount of Each Disbursement this Period

7593.31

**SUBTOTAL** of Disbursements This Page (optional) .....

7739.32

**TOTAL** This Period (last page this line number only) .....

22758.76

# **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 408 / 444

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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, 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  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.101037

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

24000.00

**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: SB22.101038

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

5000.00

**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/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.101416

Date of Disbursement

12 / 13 / 2007

Amount of Each Disbursement this Period

35000.00

**SUBTOTAL** of Disbursements This Page (optional) ►

64000.00

**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 409 / 444

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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, 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

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB22.101524

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

15000.00

**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: SB22.101792

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

37500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

52500.00

**TOTAL** This Period (last page this line number only) .....

116500.00

# **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 410 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ADLER FOR CONGRESS   | <b>Transaction ID:</b> SB23.101449<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 14 Knightswood Drive  | <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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 4 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Marlton State NJ Zip Code 08053  | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>5000.00</td> </tr> </table>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table>   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NJ District: 03 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>AFL-CIO COMMITTEE ON POLITICAL EDUCATION/PCC   | <b>Transaction ID:</b> SB23.101034<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 815 16TH STREET, N.W.   | <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>1</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 0 | 6 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 0 | 6 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20006   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution-PAC  | <table border="1"> <tr> <td>5000.00</td> </tr> </table>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table>   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>AFSCME INTERNATIONAL   | <b>Transaction ID:</b> SB23.101517<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 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>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 8 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 8 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City WASHINGTON State DC Zip Code 20036   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement In-Kind Contribution  | <table border="1"> <tr> <td>475.88</td> </tr> </table>  | 475.88  |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 475.88  |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name NEVADA DEMOCRATIC PARTY FED. ACCT.   | <table border="1"> <tr> <td>011</td> </tr> </table>   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: 00 | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

10475.88

**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 411 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
BILL FOSTER FOR CONGRESS

Mailing Address P. O. BOX 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement  
Contribution - SPECIAL PRIMARY

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 14  
Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Special-Primary

Transaction ID: SB23.101690

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
BILL FOSTER FOR CONGRESS

Mailing Address P. O. BOX 703

City Geneva State IL Zip Code 60134

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: IL District: 14  
Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.103529

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** 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

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: OR District: 03  
Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101451

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

BOB LORD FOR CONGRESS

Mailing Address 4340 E Indian School Road  
Suite 21-502

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101452

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

BONOFF FOR CONGRESS

Mailing Address 15321 Highland Place

City Minnetonka State MN Zip Code 55345

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101454

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

BOUCHER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 2000

City Abingdon State VA Zip Code 24212

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: VA District: 09

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101456

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**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 PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P. O. BOX 1776

City  
FreedomState  
PAZip Code  
15042Purpose of Disbursement  
Contribution

Candidate Name

  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.101457

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

CITIZENS FOR ELEANOR HOLMES NORTON

Mailing Address 1001 G Street NW  
Suite 500ECity  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Contribution

Candidate Name

  
Category/  
Type
Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: DC District: 00

Transaction ID: SB23.101458

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 4 | / | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

COLORADO DEMOCRATIC PARTY-FED ACCT

Mailing Address 777 Santa Fe Drive

City  
DenverState  
COZip Code  
80204Purpose of Disbursement  
Contribution-PAC

Candidate Name

  
Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101459

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 1 | / | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

5000.00

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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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

A.

Full Name (Last, First, Middle Initial)

COMMITTEE FOR A LIVABLE FUTURE

Mailing Address 921 S. W. WASHINGTON  
SUITE 810

City PORTLAND State OR Zip Code 97205

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101460

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

CONNECTICUT DEMOCRATIC PARTY-FED ACCT

Mailing Address 179 Allyn St.,  
Suite 301

City Hartford State CT Zip Code 06103

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101463

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

4650.00

C.

Full Name (Last, First, Middle Initial)

COOPER FOR CONGRESS

Mailing Address P. O. BOX 198497

City Nashville State TN Zip Code 37219-8497

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 05

Transaction ID: SB23.101464

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8150.00

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 415 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
**DARCY BURNER FOR CONGRESS**

Mailing Address P. O. BOX 1090

City State Zip Code  
Carnation WA 98014

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 08

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101465

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**DARLENE HOOLEY FOR CONGRESS**

Mailing Address P. O. BOX 2050

City State Zip Code  
Salem OR 97308

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 05

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101466

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVE WU FOR CONGRESS**

Mailing Address 818 SW 3rd Ave.  
#1182

City State Zip Code  
Portland OR 97204

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: OR District: 01

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101467

Date of Disbursement

12 / 14 / 2007

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 PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED**A. Full Name (Last, First, Middle Initial)  
DEMOCRATIC PARTY OF NEW MEXICO- FED. ACCT.**

Mailing Address 303 Massachusetts Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101468

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**B. Full Name (Last, First, Middle Initial)  
DEMOCRATIC PARTY OF WISCONSIN-Fed Acct**Mailing Address 222 W. Washington Avenue  
Suite 150

City Madison State WI Zip Code 53703

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101469

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**C. Full Name (Last, First, Middle Initial)  
DOGETT FOR U.S. CONGRESS**

Mailing Address P.O. BOX 5843

City Austin State TX Zip Code 78763

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 25

Transaction ID: SB23.101470

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

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 417 / 444

☐ 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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
FLORIDA DEMOCRATIC PARTY-FED ACCOUNT

Mailing Address 214 South Bronough Street

City State Zip Code  
Tallahassee FL 32301

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2007 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101471

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF BLANCHE LINCOLN

Mailing Address P.O. BOX 3197

City State Zip Code  
Little Rock AR 72203

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.101473

Date of Disbursement

12 / 14 / 2007

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

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: SB23.101474

Date of Disbursement

12 / 14 / 2007

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) .....

# **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 418 / 444

☐ 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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 729 15th St., NW  
3rd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 17

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101475

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF DAN MAFFEI

Mailing Address 628 S. Main Street

City Syracuse State NY Zip Code 13212

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 25

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101476

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GILLIBRAND FOR CONGRESS

Mailing Address P. O. BOX 1279

City Hudson State NY Zip Code 12534

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 20

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101477

Date of Disbursement

12 / 14 / 2007

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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☐ 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, QUALIFI-  
ED

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>GRANT FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.101478<br><b>Date of Disbursement</b>          |
| Mailing Address P. O. BOX 489   | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 7</div> </div> |
| City Fruitland State ID Zip Code 83619  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Contribution  | <div>2000.00</div>   |
| Candidate Name  | <div>011</div> <div>Category/Type</div>                                    |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>INSLEE FOR CONGRESS</b>  | <b>Transaction ID:</b> SB23.101479<br><b>Date of Disbursement</b>          |
| Mailing Address PO BOX 33027  | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 7</div> </div> |
| City SEATTLE State WA Zip Code 98133  | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Contribution  | <div>1000.00</div>   |
| Candidate Name  | <div>011</div> <div>Category/Type</div>                                    |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WA District: 01<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>IOWA DEMOCRATIC PARTY - FEDERAL ACCT.</b>  | <b>Transaction ID:</b> SB23.101803<br><b>Date of Disbursement</b>          |
| Mailing Address 5661 Fleur Drive  | <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div> |
| City Des Moines State IA Zip Code 50321   | <b>Amount of Each Disbursement this Period</b>                             |
| Purpose of Disbursement Contribution-PAC  | <div>5000.00</div>   |
| Candidate Name  | <div>011</div> <div>Category/Type</div>                                    |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼                  |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**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 420 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
JEFF MERKLEY FOR OREGON

Mailing Address P. O. BOX 29136

City Portland State OR Zip Code 97286

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: OR District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101480

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
JIM HIMES FOR CONGRESS

Mailing Address 65 High Ridge Road

City Stamford State CT Zip Code 06905

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: CT District: 04

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼ Convention

Transaction ID: SB23.101482

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
JIM WEBB FOR U.S. SENATE

Mailing Address P. O. BOX 17427

City Arlington State VA Zip Code 22216

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: VA District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101484

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**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 421 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
JOHN HALL FOR CONGRESS

Mailing Address P. O. BOX 274

City Hopewell Junction State NY Zip Code 12533

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 19

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101485

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN SARBANES FOR CONGRESS

Mailing Address P. O. BOX 6854

City Baltimore State MD Zip Code 21285

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101486

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN TIERNEY FOR CONGRESS

Mailing Address 9 Main Street,  
Suite #11

City Peabody State MA Zip Code 01960

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 06

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101487

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**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)

PAGE 422 / 444

☐ 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, QUALIFI-  
ED

|   |  |
|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>KANSAS DEMOCRATIC PARTY-FED ACCT</b>  | <b>Transaction ID:</b> SB23.101488<br><b>Date of Disbursement</b>  |
| Mailing Address 700 SW Jackson Street<br>Suite 706  | <div> <div>12</div> <div>11</div> <div>2007</div> </div>   |
| City Topeka State KS Zip Code 66603   | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Contribution-PAC<br>Candidate Name  | <div>5000.00</div>   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
|   | <div>011</div> Category/Type   |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>KIND FOR CONGRESS</b>   | <b>Transaction ID:</b> SB23.101489<br><b>Date of Disbursement</b>  |
| Mailing Address 205 S. 5th Ave.<br>Suite 428  | <div> <div>12</div> <div>14</div> <div>2007</div> </div>   |
| City La Crosse State WI Zip Code 54601  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Contribution<br>Candidate Name  | <div>1000.00</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 03 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   | <div>011</div> Category/Type   |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>LAMPSON FOR CONGRESS</b>  | <b>Transaction ID:</b> SB23.101490<br><b>Date of Disbursement</b>  |
| Mailing Address P.O. BOX 58606  | <div> <div>12</div> <div>14</div> <div>2007</div> </div>   |
| City Houston State TX Zip Code 77258  | Amount of Each Disbursement this Period  |
| Purpose of Disbursement Contribution<br>Candidate Name  | <div>1000.00</div>   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: TX District: 22 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|   | <div>011</div> Category/Type   |

**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)

PAGE 423 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

LANGEVIN FOR CONGRESS

Mailing Address 181-A Knight Street

City  
Warwick

State  
RI

Zip Code  
02886

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: SB23.101491

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

LAROCCO FOR SENATE

Mailing Address P. O. BOX 1187

City  
Boise

State  
ID

Zip Code  
83701-1187

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ID District: 00

Transaction ID: SB23.101492

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

LEGPAC

Mailing Address 38 Ivy St. SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101494

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**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, QUALIFIED

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

1000.00

State: MI District: 12

M M / D D / Y Y Y Y  
1 2 1 4 2 0 0 7

5000.00

State: NJ District: 07

2500.00

State: CO District: 04

**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 425 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED**A.**

Full Name (Last, First, Middle Initial)

MARTIN HEINRICH FOR CONGRESS

**Transaction ID:** SB23.101692

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Mailing Address 2118 Central Ave., SE  
#71

Amount of Each Disbursement this Period

City Albuquerque State NM Zip Code 87106

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 5000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

Purpose of Disbursement  
Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 01

**B.**

Full Name (Last, First, Middle Initial)

MARYLAND DEMOCRATIC PARTY- FED ACCT.

**Transaction ID:** SB23.101499

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 1 |   | 2 | 0 | 0 | 7 |

Mailing Address 188 Main Street  
Suite 1

Amount of Each Disbursement this Period

City Annapolis State MD Zip Code 21401

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 5000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

Purpose of Disbursement  
Contribution-PAC

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

**C.**

Full Name (Last, First, Middle Initial)

MASSA FOR CONGRESS

**Transaction ID:** SB23.101500

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 1 | 4 |   | 2 | 0 | 0 | 7 |

Mailing Address 60 East Market Street,  
Suite 244

Amount of Each Disbursement this Period

City Corning State NY Zip Code 14830

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

Purpose of Disbursement  
Contribution

|                   |
|-------------------|
| 011               |
| Category/<br>Type |

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 29

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**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 426 / 444

☐ 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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
MICHIGAN DEMOCRATIC PARTY-FED ACCT

Mailing Address 606 TOWNSEND STREET

City LANSING State MI Zip Code 48933

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101501

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 360

City Prescott State AR Zip Code 71857-0360

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.101502

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MISSOURI DEMOCRATIC PARTY-FEDERAL ACCOUNT

Mailing Address P.O. BOX 719

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.101504

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

11000.00

**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 427 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
NEVADA DEMOCRATIC PARTY FED. ACCT.

Mailing Address 1210 S. Valley View Road  
Suite 114

City Las Vegas State NV Zip Code 89102

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 00

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID:** SB23.101520

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

2555.12

**B.** Full Name (Last, First, Middle Initial)  
NEW JERSEY DEMOCRATIC STATE CMTE-FED ACCT

Mailing Address 194-196 West State Street

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID:** SB23.101505

Date of Disbursement

12 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
PATRICK MURPHY FOR CONGRESS

Mailing Address P. O. BOX 868

City Levittown State PA Zip Code 19058-0868

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 08

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101507

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8555.12

**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 428 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>PENGUIN PAC   | <b>Transaction ID:</b> SB23.101527<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 550 E. Walnut 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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 4 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Columbus State OH Zip Code 43215   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution-PAC  | <table border="1"> <tr> <td>1000.00</td> </tr> </table>   | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 1000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>PENNSYLVANIA DEMOCRATIC PARTY-FED ACCT  | <b>Transaction ID:</b> SB23.101529<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 300 N. 2nd Street<br>8th Floor  | <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>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 1 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Harrisburg State PA Zip Code 17101   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution-PAC  | <table border="1"> <tr> <td>5000.00</td> </tr> </table>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>PENNSYLVANIANS FOR KANJORSKI  | <b>Transaction ID:</b> SB23.101530<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 126 South Franklin 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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 4 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Wilkes Barre State PA Zip Code 18701   | <b>Amount of Each Disbursement this Period</b>  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>2000.00</td> </tr> </table>   | 2000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: PA District: 11 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**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 429 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.**

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

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

**Transaction ID:** SB23.101531

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

RUBEN HINOJOSA FOR CONGRESS

Mailing Address P. O. BOX 720452

City  
McAllen

State  
TX

Zip Code  
78504

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 15

**Transaction ID:** SB23.101533

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**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  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 09

**Transaction ID:** SB23.101535

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**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 430 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.**

Full Name (Last, First, Middle Initial)

SCHAUER FOR CONGRESS

Mailing Address P. O. BOX 100

City State Zip Code  
Battle Creek MI 49016

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101536

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

SESTAK FOR CONGRESS

Mailing Address P. O. BOX 16

City State Zip Code  
Media PA 19063

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 07

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101537

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

SUDLER & ASSOCIATES

Mailing Address 11229 Lockwood Drive

City State Zip Code  
Silver Spring MD 20901

Purpose of Disbursement  
In-kind Contribution

Candidate Name  
NEVADA DEMOCRATIC PARTY FED. ACCT.

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NV District: 00

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.101521

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1969.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7969.00

**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 431 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
**TAMMY BALDWIN FOR CONGRESS**

Mailing Address P. O. BOX 696

City Madison State WI Zip Code 53701

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 02

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101538

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**THE MARKEY COMMITTEE**

Mailing Address P. O. BOX 526

City Medford State MA Zip Code 02155

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 07

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB23.101539

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**THE MESABI FUND**

Mailing Address P. O. BOX 7853

City Washington State DC Zip Code 20044-7853

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2007  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID:** SB23.101540

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**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)

PAGE 432 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
TIM JOHNSON FOR SOUTH DAKOTA

Mailing Address P. O. BOX 1859

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
State: SD District: 00

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101542

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
TIM WALZ FOR US CONGRESS

Mailing Address P.O. BOX 938

City State Zip Code  
Mankato MN 56002

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: MN District: 01

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.101543

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
TINKLENBERG FOR CONGRESS

Mailing Address 9298 Central Ave., NE

City State Zip Code  
Minneapolis MN 55434

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
State: MN District: 06

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.101544

Date of Disbursement

12 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**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 433 / 444

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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, QUALIFI-  
ED

|   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>UDALL FOR US ALL  | <b>Transaction ID:</b> SB23.101691<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address 6690 Corrales Road<br>C/O Amanda Cooper   | <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>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 9 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 9 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Corrales State NM Zip Code 87048   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>5000.00</td> </tr> </table>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NM District: 00 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>UNGER FOR CONGRESS  | <b>Transaction ID:</b> SB23.101546<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P. O. BOX 11530   | <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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 4 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 4 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Charleston State WV Zip Code 25339   | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution  | <table border="1"> <tr> <td>2500.00</td> </tr> </table>   | 2500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 2500.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WV District: 02 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>WASHINGTON DEMOCRATIC PARTY- FED. ACCT.   | <b>Transaction ID:</b> SB23.101547<br><b>Date of Disbursement</b>   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P. O. BOX 4027  | <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>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> | M       | M | / | D | D | / | Y | Y | Y | Y | 1 | 2 |  | 1 | 1 |  | 2 | 0 | 0 | 7 |
| M   | M   | /       | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 1   | 2   |         | 1 | 1 |   | 2 | 0 | 0 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |
| City Seattle State WA Zip Code 98194  | Amount of Each Disbursement this Period   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement Contribution-PAC  | <table border="1"> <tr> <td>5000.00</td> </tr> </table>   | 5000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 5000.00   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name  | <table border="1"> <tr> <td>011</td> </tr> </table> Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 011   |   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                  | Disbursement For: 2007<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

185650.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 434 / 444

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, QUALIFI-  
ED**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
EAGLE SIGN COMPANYNature of Debt (Purpose):  
Billboard

Mailing Address 5130 Park Avenue

City State ZIP Code  
Des Moines IA 50321-1247

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.102761

Amount Incurred This Period

401.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

401.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

401.00

2) **TOTALS** This Period (last page this line number only)..... ▶

401.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

401.00

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 435 / 444

FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">34425.20</div>   |  |
| City State Zip Code<br>Washington DC 20001  |  | <b>Transaction ID:</b> SE.101406  |  |
| Purpose of Expenditure<br>Mailing/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input checked="" type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential  |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">5081.40</div>  |  |
| City State Zip Code<br>Washington DC 20001  |  | <b>Transaction ID:</b> SE.101418  |  |
| Purpose of Expenditure<br>Mailing/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>   |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px;">39506.60</div>  |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| <b>(c) TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 436 / 444

FOR LINE 24 OF FORM 3X

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED                                   |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice   |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC  |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">34083.19</div>   |  |
| City State Zip Code<br>Washington DC 20001   |  | <b>Transaction ID:</b> SE.101447  |  |
| Purpose of Expenditure<br>Mailing/IA   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (IA)   |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">395390.89</div> |  | 2008  |  |

  

|  |  |   |  |
|--|--|---|--|
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC  |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">-1242.85</div>   |  |
| City State Zip Code<br>Washington DC 20001   |  | <b>Transaction ID:</b> SE.101461  |  |
| Purpose of Expenditure<br>Mailing/IA   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)   |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">394148.04</div> |  | 2008  |  |

  

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....   | <div style="border: 1px solid black; padding: 2px;">32840.34</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; height: 20px;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures .....                  | <div style="border: 1px solid black; height: 20px;"></div>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**WILLIAM LUCY**

Signature

Date

M M  
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2 0 0 8

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 437 / 444

FOR LINE 24 OF FORM 3X

|  |  |   |  |
|--|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED                                   |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice   |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC  |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 8</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">34083.19</div>   |  |
| City State Zip Code<br>Washington DC 20001   |  | <b>Transaction ID:</b> SE.101523  |  |
| Purpose of Expenditure<br>Mailing/IA   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (IA)   |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">428231.23</div> |  | 2008  |  |

  

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 2</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">40755.59</div>   |  |
| City State Zip Code<br>Washington DC 20001  |  | <b>Transaction ID:</b> SE.101756  |  |
| Purpose of Expenditure<br>Mailing/NH  |  | Office Sought: <input type="checkbox"/> House State: NH<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (NH)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">40755.59</div> |  | 2008  |  |

  

|  |  |
|--|--|
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....   | <div style="border: 1px solid black; padding: 2px;">74838.78</div> |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... | <div style="border: 1px solid black; height: 20px;"></div>         |
| <b>(c) TOTAL</b> Independent Expenditures .....                  | <div style="border: 1px solid black; height: 20px;"></div>         |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

**WILLIAM LUCY**

Signature

Date

M M  
0 8

D D  
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# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 438 / 444

FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">29175.71</div>   |  |
| City State Zip Code<br>Washington DC 20001  |  | <b>Transaction ID:</b> SE.101777  |  |
| Purpose of Expenditure<br>Mailing/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">462791.64</div>  |  | 2008  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">38905.59</div>   |  |
| City State Zip Code<br>Washington DC 20001  |  | <b>Transaction ID:</b> SE.101758  |  |
| Purpose of Expenditure<br>Mailing/NH  |  | Office Sought: <input type="checkbox"/> House State: NH<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (NH)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">79661.18</div>   |  | 2008  |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px;">68081.30</div>  |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| <b>(c) TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | FEC IDENTIFICATION NUMBER<br><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<br>360 JMG, LLC   |  | Date<br>MM / DD / YYYY<br>12 / 27 / 2007   |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br>30102.57   |  |
| City Washington State DC Zip Code 20001   |  | Transaction ID: SE.101785  |  |
| Purpose of Expenditure<br>Mailing/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input checked="" type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential |  |
| Category/Type 004   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                     |  |
| Calendar Year-To-Date Per Election for Office Sought<br>492894.21   |  | 2008   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>360 JMG, LLC   |  | Date<br>MM / DD / YYYY<br>12 / 27 / 2007   |  |
| Mailing Address<br>718 Seventh Street, NW<br>Suite 310  |  | Amount<br>41216.22   |  |
| City Washington State DC Zip Code 20001   |  | Transaction ID: SE.101789  |  |
| Purpose of Expenditure<br>Mailing/NH  |  | Office Sought: <input type="checkbox"/> House State: NH<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential            |  |
| Category/Type 004   |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (NH)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                     |  |
| Calendar Year-To-Date Per Election for Office Sought<br>120877.40   |  | 2008   |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  | 71318.79   |  |
| (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<br>Signature   |  | Date<br>MM / DD / YYYY<br>08 / 20 / 2008   |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>ADELSTEIN LISTON   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>222 West Ontario Street<br>Suite 600   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">31498.00</div>   |  |
| City State Zip Code<br>Chicago IL 60610   |  | <b>Transaction ID:</b> SE.100976  |  |
| Purpose of Expenditure<br>Media Buy/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>   |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">31498.00</div>   |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>ADELSTEIN LISTON   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>222 West Ontario Street<br>Suite 600   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">232050.00</div>  |  |
| City State Zip Code<br>Chicago IL 60610   |  | <b>Transaction ID:</b> SE.101079  |  |
| Purpose of Expenditure<br>Media Buy/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">2008</div>   |  |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">291334.90</div>  |  |   |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">263548.00</div>  |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>  |  |
| (c) <b>TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |



# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b><br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>ADELSTEIN LISTON   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>1 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>222 West Ontario Street<br>Suite 600   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">28295.00</div>   |  |
| City State Zip Code<br>Chicago IL 60610   |  | <b>Transaction ID:</b> SE.101405  |  |
| Purpose of Expenditure<br>Media Buy/IA  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input checked="" type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential  |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">319629.90</div>  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>AFSCME INTERNATIONAL   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>0 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>1625 L STREET NW   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">2851.20</div>  |  |
| City State Zip Code<br>WASHINGTON DC 20036  |  | <b>Transaction ID:</b> SE.101043  |  |
| Purpose of Expenditure<br>Polling   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">005</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">58599.20</div>   |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px; text-align: right;">31146.20</div>   |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>  |  |
| <b>(c) TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>AFSCME INTERNATIONAL   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>0 7</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>1625 L STREET NW   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">685.70</div>   |  |
| City State Zip Code<br>WASHINGTON DC 20036  |  | <b>Transaction ID:</b> SE.101044  |  |
| Purpose of Expenditure<br>STAFF COSTS   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input checked="" type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential  |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">59284.90</div>   |  | 2008  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>AFSCME INTERNATIONAL   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>1625 L STREET NW   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">29.02</div>  |  |
| City State Zip Code<br>WASHINGTON DC 20036  |  | <b>Transaction ID:</b> SE.101770  |  |
| Purpose of Expenditure<br>Website Design Assistance   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">433615.93</div>  |  | 2008  |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px;">714.72</div>  |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| <b>(c) TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; height: 20px;"></div>  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |  |  |
|---|--|--|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | FEC IDENTIFICATION NUMBER<br><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<br>EAGLE SIGN COMPANY   |  | Date<br>MM / DD / YYYY<br>12 / 14 / 2007   |  |
| Mailing Address<br>5130 Park Avenue   |  | Amount<br>2171.20  |  |
| City State Zip Code<br>Des Moines IA 50321-1247   |  | Transaction ID: SE.101417  |  |
| Purpose of Expenditure<br>Billboard   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input checked="" type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential |  |
| Category/Type<br>004  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                     |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | 2008   |  |
| 356226.30   |  |  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>EAGLE SIGN COMPANY   |  | Date<br>MM / DD / YYYY<br>12 / 31 / 2007   |  |
| Mailing Address<br>5130 Park Avenue   |  | Amount<br>401.00   |  |
| City State Zip Code<br>Des Moines IA 50321-1247   |  | Transaction ID: SE.107537  |  |
| Purpose of Expenditure<br>Billboard   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential            |  |
| Category/Type<br>004  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose   |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____                     |  |
| Calendar Year-To-Date Per Election<br>for Office Sought   |  | 2008   |  |
| 492894.21   |  |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....   |  | 2171.20  |  |
| (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<br>Signature   |  | Date<br>MM / DD / YYYY<br>08 / 20 / 2008   |  |

**[MEMO ITEM]**

# **SCHEDULE E (FEC Form 3X)** **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

|   |  |   |  |
|---|--|---|--|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED  |  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br><div style="border: 1px solid black; padding: 2px;">C C00011114</div>   |  |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice  |  |   |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>MYERS RESEARCH   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>0 3</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>6495 English Ivy Court   |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">24250.00</div>   |  |
| City State Zip Code<br>Springfield VA 22152   |  | <b>Transaction ID:</b> SE.100977  |  |
| Purpose of Expenditure<br>Polling Services/IA   |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">005</div>  |  | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HILLARY CLINTON (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">55748.00</div>   |  | 2008  |  |
| Full Name (Last, First, Middle, Initial) of Payee<br>THE BIGGER DESIGN  |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>1 2</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 7</div> </div> |  |
| Mailing Address<br>3708 Wheat Street  |  | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">5355.68</div>  |  |
| City State Zip Code<br>Columbia SC 29205  |  | <b>Transaction ID:</b> SE.101769  |  |
| Purpose of Expenditure<br>Website Design  |  | Office Sought: <input type="checkbox"/> House State: IA<br><input type="checkbox"/> Senate District: 00<br><input checked="" type="checkbox"/> Presidential   |  |
| Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>  |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>BARRACK OBAMA (IA)  |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) : _____  |  |
| Calendar Year-To-Date Per Election for Office Sought<br><div style="border: 1px solid black; padding: 2px; text-align: right;">433586.91</div>  |  | 2008  |  |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px;">29605.68</div>  |  |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures .....  |  | <div style="border: 1px solid black; padding: 2px; height: 20px;"></div>  |  |
| <b>(c) TOTAL</b> Independent Expenditures .....   |  | <div style="border: 1px solid black; padding: 2px;">613771.61</div>   |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |   |  |
| WILLIAM LUCY<br>Signature   |  | Date<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M<br/>0 8</div> <div style="border: 1px solid black; padding: 2px;">D D<br/>2 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y<br/>2 0 0 8</div> </div> |  |