

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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

ADDRESS (number and street) 1625 L STREET NW

Check if different than previously reported. (ACC) WASHINGTON DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00011114

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

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

- (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on [MM] / [DD] / [YYYY] in the State of []

(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2015 through [MM] / [DD] / [YYYY] 01 / 31 / 2015

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

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer LAURA REYES [Electronically Filed] Date 02 / 19 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1562032.36"/>	<input type="text" value="1562032.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1562032.36"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="791183.92"/>	<input type="text" value="791183.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2353216.28"/>	<input type="text" value="2353216.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="54114.01"/>	<input type="text" value="54114.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2299102.27"/>	<input type="text" value="2299102.27"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1003053.14"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4291.03	4291.03
(ii) Unitemized	659686.61	659686.61
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	663977.64	663977.64
(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)	663977.64	663977.64
12. Transfers From Affiliated/Other Party Committees.....	126982.79	126982.79
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	223.49	223.49
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	791183.92	791183.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	791183.92	791183.92

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	531.01	531.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	531.01	531.01
22. Transfers to Affiliated/Other Party Committees.....	30000.00	30000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23500.00	23500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	83.00	83.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	83.00	83.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	54114.01	54114.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54114.01	54114.01

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	663977.64	663977.64
34. Total Contribution Refunds (from Line 28(d))	83.00	83.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	663894.64	663894.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	531.01	531.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	531.01	531.01

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. MATTHEW S. BLUMIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1336 Taylor Street NW
 City Washington State DC Zip Code 20036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.98

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11AI.77147
 Amount of Each Receipt this Period 108.99

B. PAUL R. BOOTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3724 Benton Street NW
 City Washington State DC Zip Code 20007-1803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXECUTIVE ASST. TO PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 397.66

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11AI.77148
 Amount of Each Receipt this Period 198.83

C. GINO A. CARBENIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 9315 N. Park Avenue
 City Indianapolis State IN Zip Code 46240
 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 ▼ 280.60

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11AI.77149
 Amount of Each Receipt this Period 140.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 448.12
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 7 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHRISTIE J. DENNIS-SHERRARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4320 NW Second Avenue
 City Des Moines State IA Zip Code 50313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 26 / 2015
Transaction ID : SA11AI.77123
 Amount of Each Receipt this Period 75.00

B. JASON DIBBLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 303 12th Street SE
 City Austin State MN Zip Code 55912-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 01 / 28 / 2015
Transaction ID : SA11AI.77125
 Amount of Each Receipt this Period 255.00

C. JEAN M. DIEDERICH
 Full Name (Last, First, Middle Initial)
 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 PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 05 / 2015
Transaction ID : SA11AI.77126
 Amount of Each Receipt this Period 240.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. STEPHAN FANTAUZZO
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Fessenden Street NW

City Washington	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation CHIEF OF STAFF TO THE PRESIDENT
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.04

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11Al.77150

Amount of Each Receipt this Period
132.73

B. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City Harrisburg	State PA	Zip Code 17110-3044
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation COUNCIL DIRECTOR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
239.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	15	/	2015

Transaction ID : SA11Al.77129

Amount of Each Receipt this Period
239.52

C. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City Harrisburg	State PA	Zip Code 17110-3044
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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 ▼
309.52

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2015

Transaction ID : SA11Al.77130

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional).....▶	442.25
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A. SETH M. JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 727 7th Street NE

City Washington	State DC	Zip Code 20002
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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 ▼
218.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : SA11Al.77151

Amount of Each Receipt this Period
 109.49

B. CHARLES JURGONIS
Full Name (Last, First, Middle Initial)

Mailing Address 11704 Bobs Ford Road

City Fairfax	State VA	Zip Code 22030
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, FINANCIAL SERVICES
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
224.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2015
Transaction ID : SA11Al.77137

Amount of Each Receipt this Period
 88.38

C. CHARLES JURGONIS
Full Name (Last, First, Middle Initial)

Mailing Address 11704 Bobs Ford Road

City Fairfax	State VA	Zip Code 22030
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, FINANCIAL SERVICES
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.64

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2015
Transaction ID : SA11Al.77152

Amount of Each Receipt this Period
 88.38

SUBTOTAL of Receipts This Page (optional).....▶	286.25
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 Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MICHELE A. LEWIS-MUZZATTI			Date of Receipt
Mailing Address 3705 Adams Drive			<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11Al.77153
Silver Spring	MD	20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="130.54"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, CONF & TRAVEL SVCS		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="296.08"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. ELISSA MCBRIDE			Date of Receipt
Mailing Address 9 Sherman Avenue			<input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11Al.77154
Takoma Park	MD	20912	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="114.11"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, EDUCATION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="228.22"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. JAMES E. NICKELS			Date of Receipt
Mailing Address P.O. Box 6564			<input type="text" value="01"/> / <input type="text" value="21"/> / <input type="text" value="2015"/>
City	State	Zip Code	Transaction ID : SA11Al.77124
North Little Rock	AR	72124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
AR CN 38	ATTORNEY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1244.65"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RONNIE D. PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1146 Rue Willette Blvd.
 City Ypsilanti State MI Zip Code 48196
 Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 301.22

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11Al.77155
 Amount of Each Receipt this Period 150.61

B. LAURA REYES
 Full Name (Last, First, Middle Initial)
 Mailing Address 3440 Joan Court
 City Falls Church State VA Zip Code 20042
 Name of Employer AFSCME INT'L Occupation SECRETARY TREASURER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 217.88

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11Al.77156
 Amount of Each Receipt this Period 108.94

C. JESSICA R. ROBINSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 7901 Chicago Avenue
 City Silver Spring State MD Zip Code 20910
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.34

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11Al.77157
 Amount of Each Receipt this Period 126.17

SUBTOTAL of Receipts This Page (optional).....▶	385.72
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: (check only one)	PAGE 12 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. LEE A. SAUNDERS
Full Name (Last, First, Middle Initial)

Mailing Address 7510 Alaska Avenue NW

City Washington State DC Zip Code 20012

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

Name of Employer AFSCME INT'L Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.34

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015
Transaction ID : SA11Al.77158

Amount of Each Receipt this Period
128.17

B. DARL D. SCHOSSOW
Full Name (Last, First, Middle Initial)

Mailing Address 1910 2nd Avenue
P.O. Box 189

City Newport State MN Zip Code 55055

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

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2015
Transaction ID : SA11Al.77127

Amount of Each Receipt this Period
300.00

C. JEFFREY M. TAGGART
Full Name (Last, First, Middle Initial)

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, ACCTNG & AUDITIN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 254.12

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015
Transaction ID : SA11Al.77159

Amount of Each Receipt this Period
127.06

SUBTOTAL of Receipts This Page (optional)..... ▶ 555.23

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 13 OF 25
(check only one)

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

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

A. JESSICA WEINSTEIN
Full Name (Last, First, Middle Initial)
Mailing Address 2662 Wild Turkey Lane
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 237.62

Date of Receipt 01 / 30 / 2015
Transaction ID : SA11AI.77160
Amount of Each Receipt this Period 118.81

B. BRYCE WICKSTROM
Full Name (Last, First, Middle Initial)
Mailing Address 1267 Matilda Street
City St. Paul State MN Zip Code 55117-4473
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME MN CN 5/STATE OF MN Occupation RECORDING SECRETARY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 01 / 28 / 2015
Transaction ID : SA11AI.77128
Amount of Each Receipt this Period 240.00

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	358.81
TOTAL This Period (last page this line number only).....▶	4291.03

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 25
<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

A. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City New York	State NY	Zip Code 10007
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00149211

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
45190.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2015

Transaction ID : SA12.77106

Amount of Each Receipt this Period
45190.99

Transfer

B. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City New York	State NY	Zip Code 10007
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00149211

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
126982.79

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	28	/	2015

Transaction ID : SA12.77107

Amount of Each Receipt this Period
81791.80

Transfer

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	126982.79
TOTAL This Period (last page this line number only).....	126982.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. AMALGAMATED BANK

Mailing Address 275 Seventh Avenue

City State Zip Code
New York NY 10001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
223.49

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2015
Transaction ID : SA17.77104

Amount of Each Receipt this Period
223.49

Interest Income 1/30/2015

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	223.49
TOTAL This Period (last page this line number only).....▶	223.49

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK LOANS

Mailing Address P.O. Box 5660

City State Zip Code
Hicksville NY 11802-5660

Purpose of Disbursement
On Schedule D - Interest payment 1/30/2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.77163

Amount of Each Disbursement this Period

3	0	5	3	.	1	4
---	---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City State Zip Code
Phoenix AZ 85072-3852

Purpose of Disbursement
Merchant Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.77096

Amount of Each Disbursement this Period

0	.	8	7
---	---	---	---

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City State Zip Code
Phoenix AZ 85072-3852

Purpose of Disbursement
Merchant Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	5

Transaction ID : SB21B.77097

Amount of Each Disbursement this Period

0	.	4	4
---	---	---	---

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

1	.	3	1
---	---	---	---

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

1	.	3	1
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BART GROUP

Mailing Address 171 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : SB21B.77094

Amount of Each Disbursement this Period

84.95

Full Name (Last, First, Middle Initial)

B. BART GROUP

Mailing Address 171 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : SB21B.77095

Amount of Each Disbursement this Period

48.42

Full Name (Last, First, Middle Initial)

C. FIS MERCHANT SERVICES-LL

Mailing Address P.O. Box 31129

City Tampa State FL Zip Code 33631-3129

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB21B.77098

Amount of Each Disbursement this Period

256.48

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

389.85

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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. PAYPAL INC.

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online Service Charges

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.77099

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 20 / 2015

Transaction ID : SB22.77105

Amount of Each Disbursement this Period

30000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

30000.00

30000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ANDRE CARSON FOR CONGRESS

Mailing Address P.O. Box 1863

City Indianapolis State IN Zip Code 46206

Purpose of Disbursement
Contribution

011

Candidate Name

ANDRE CARSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	28	/	2015

Transaction ID : SB23.77115

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR BOYLE

Mailing Address P.O. Box 11545

City Philadelphia State PA Zip Code 19116

Purpose of Disbursement
Contribution

011

Candidate Name

BRENDAN F BOYLE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	28	/	2015

Transaction ID : SB23.77119

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address P.O. Box 533616

City Orlando State FL Zip Code 32853

Purpose of Disbursement
Contribution

011

Candidate Name

ALAN MARK GRAYSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Primary Debt

State: FL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	06	/	2015

Transaction ID : SB23.77109

Amount of Each Disbursement this Period

3000.00

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

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CUMMINGS FOR CONGRESS

Mailing Address P.O. Box 1631

City Baltimore State MD Zip Code 21203

Purpose of Disbursement Contribution

011

Candidate Name

ELIJAH E CUMMINGS

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 07

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : **SB23.77118**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. DONALD NORCROSS FOR CONGRESS

Mailing Address P.O. Box 160

City Collingswood State NJ Zip Code 08108

Purpose of Disbursement Contribution

011

Candidate Name

DONALD W NORCROSS

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NJ District: 01

Date of Disbursement

MM / DD / YYYY
01 / 28 / 2015

Transaction ID : **SB23.77117**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DON BEYER

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

DONALD STERNOFF JR BEYER

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼
Primary Debt

State: VA District: 08

Date of Disbursement

MM / DD / YYYY
01 / 06 / 2015

Transaction ID : **SB23.77108**

Amount of Each Disbursement this Period

4000.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF LOIS CAPPS

Mailing Address P.O. Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contribution

011

Candidate Name

LOIS G CAPPS

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 24

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.77112

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. GREEN MOUNTAIN PAC

Mailing Address P.O. Box 1142

City Montpelier State VT Zip Code 05601

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President
State: District: PAC

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.77110

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. MALONEY FOR CONGRESS

Mailing Address 49 East 92nd Street

City New York State NY Zip Code 10128

Purpose of Disbursement
Contribution

011

Candidate Name

CAROLYN B MALONEY

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.77116

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
1	5	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0
5	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MIKULSKI FOR SENATE COMMITTEE

Mailing Address P.O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement Contribution

011

Candidate Name

BARBARA A MIKULSKI

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: MD District: 00

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB23.77111

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. MOORE FOR CONGRESS

Mailing Address P.O. Box 16646

City Milwaukee State WI Zip Code 53216

Purpose of Disbursement Contribution

011

Candidate Name

GWENDOLYNNE MOORE

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 04

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2015

Transaction ID : SB23.77113

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PROGRESSIVE ACTION PAC

Mailing Address 228 2nd Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2015 Primary General Other (specify) ▼ PAC

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB23.77114

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

23500.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.57931**
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

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

Original Amount of Loan 2000000.00	Cumulative Payment To Date 1000000.00	Balance Outstanding at Close of This Period 1000000.00
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TERMS

Date Incurred MM / DD / YYYY 10 / 07 / 2014	Date Due MM / DD / YYYY 08/26/2016	Interest Rate 4.25 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....▶	1000000.00
TOTALS This Period (last page in this line only).....▶	1000000.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor AMALGAMATED BANK LOANS	Nature of Debt (Purpose): Memo item on Schedule B - Interest payment 1/30/2015
Mailing Address P.O. Box 5660	
City State Zip Code Hicksville NY 11802-5660	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.77120	
Amount Incurred This Period <input type="text" value="3053.14"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3053.14"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>	Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>
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1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3053.14"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="3053.14"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="1000000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="1003053.14"/>