

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2006 through 04 30 2006

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 05 19 2006

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**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		2111142.91
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	2687641.34									
(c) Total Receipts (from Line 19) .....	556856.81	2163894.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	3244498.15	4275037.63								
7. Total Disbursements (from Line 31) .....	295558.99	1326098.47								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	2948939.16	2948939.16								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	1000000.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	33106.14	55800.34
(i) Itemized (use Schedule A) .....	488226.07	1898758.16
(ii) Unitemized .....	521332.21	1954558.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	521332.21	1954558.50
12. Transfers From Affiliated/Other Party Committees .....	34621.85	206014.26
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.) .....	902.75	3321.96
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)) .....	556856.81	2163894.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	556856.81	2163894.72

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	25558.99	73806.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	25558.99	73806.25
22. Transfers to Affiliated/Other Party Committees.....	73000.00	333000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	360872.07
24. Independent Expenditure (use Schedule E) .....	0.00	57548.49
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	125000.00	500000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	871.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	871.66
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))..	295558.99	1326098.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	295558.99	1326098.47

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	521332.21	1954558.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	871.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	521332.21	1953686.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	25558.99	73806.25
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25558.99	73806.25

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 224
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) RICHARD ABELSON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 4315 N. LAKE DRIVE		<b>Transaction ID:</b> SA11A1.71433
City State Zip Code SHOREWOOD WI 53211	Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME WI CN 48	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.50	

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD ABELSON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 4315 N. LAKE DRIVE		<b>Transaction ID:</b> SA11A1.71819
City State Zip Code SHOREWOOD WI 53211	Amount of Each Receipt this Period 37.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME WI CN 48	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) TRACEY ABMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 3136 N. SEMINARY		<b>Transaction ID:</b> SA11A1.71207
City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 74.88	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.52	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	149.88
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 224
	<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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**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. TRACEY ABMAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 3136 N. SEMINARY		<b>Transaction ID: SA11A1.72331</b>	
City State Zip Code CHICAGO IL 60657	Amount of Each Receipt this Period 74.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.40		

Full Name (Last, First, Middle Initial) <b>B. MUSILIU ADE ALAGBALA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 5701 N. SHERIDAN, #10A		<b>Transaction ID: SA11A1.71203</b>	
City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68		

Full Name (Last, First, Middle Initial) <b>C. MUSILIU ADE ALAGBALA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 5701 N. SHERIDAN, #10A		<b>Transaction ID: SA11A1.72327</b>	
City State Zip Code CHICAGO IL 60660	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	191.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOSE D ALDRETE JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 29 Viewpoint Circle		<b>Transaction ID: SA11A1.71527</b>	
City State Zip Code Pomona CA 91766		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CA LOC 1902 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. JOSE D ALDRETE JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 29 Viewpoint Circle		<b>Transaction ID: SA11A1.71982</b>	
City State Zip Code Pomona CA 91766		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CA LOC 1902 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>C. JOSE D ALDRETE JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 29 Viewpoint Circle		<b>Transaction ID: SA11A1.72846</b>	
City State Zip Code Pomona CA 91766		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CA LOC 1902 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	40.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 224
	<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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**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) RONALD ALEXANDER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 390 Worthington Road, Suite A		<b>Transaction ID:</b> SA11A1.72236	
City State Zip Code Westerville OH 43082	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer State of Ohio	Occupation Delegate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

<b>B.</b> Full Name (Last, First, Middle Initial) KENNETH L. ALLEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 7935 SW SANTOLINA PL.		<b>Transaction ID:</b> SA11A1.71304	
City State Zip Code BEAVERTON OR 97008	Amount of Each Receipt this Period 87.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.00		

<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH L. ALLEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 7935 SW SANTOLINA PL.		<b>Transaction ID:</b> SA11A1.72051	
City State Zip Code BEAVERTON OR 97008	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. CAROL ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 202 Hermit Street		<b>Transaction ID: SA11A1.71589</b>
City State Zip Code Juneau AK 99801	Amount of Each Receipt this Period 54.53	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.95	

Full Name (Last, First, Middle Initial) <b>B. CAROL ANDERSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 202 Hermit Street		<b>Transaction ID: SA11A1.72087</b>
City State Zip Code Juneau AK 99801	Amount of Each Receipt this Period 46.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.37	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL ANDREJCO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		<b>Transaction ID: SA11A1.71820</b>
City State Zip Code HARRISBURG PA 17111-1599	Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 224
	<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 ANTLE

Mailing Address R. R. #2 , BOX 2202

City State Zip Code  
**MOSCOW PA 18444**

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

Name of Employer Occupation  
 AFSCME PA CN 13 DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **384.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71894**

Amount of Each Receipt this Period  
**96.00**

**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 Occupation  
 AFSCME OH CN 8 CONTROLLER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **312.24**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2006**

**Transaction ID: SA11A1.71804**

Amount of Each Receipt this Period  
**78.06**

**C.** Full Name (Last, First, Middle Initial)  
 JAMES D. AUGUST

Mailing Address 5204 Andover Road

City State Zip Code  
**Chevy Chase MD 20815**

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

Name of Employer Occupation  
 AFSCME INT'L ASSISTANT DIRECTOR, HEALTH & SAFETY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **324.95**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71590**

Amount of Each Receipt this Period  
**54.53**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>228.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES D. AUGUST</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 5204 Andover Road		<b>Transaction ID: SA11A1.72088</b>	
City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 46.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, HEALTH & SAFETY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.37		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A. BAILEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 606 N. VAN BUREN STREET		<b>Transaction ID: SA11A1.71866</b>	
City State Zip Code WILMINGTON DE 19805	Amount of Each Receipt this Period 59.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.98		

Full Name (Last, First, Middle Initial) <b>C. MARCIE BALOW</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6800 Fleetwood Road, #1118		<b>Transaction ID: SA11A1.71591</b>	
City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 65.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, AFFILIATE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. MARCIE BALOW</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 6800 Fleetwood Road, #1118		Transaction ID: SA11A1.72089	
City McLean	State VA	Zip Code 22101	Amount of Each Receipt this Period 55.35
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, AFFILIATE RELATIONS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75		

Full Name (Last, First, Middle Initial) <b>B. RONALD E. E BARILLAS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 4700 M Waterpark Dr.		Transaction ID: SA11A1.72472	
City Belcamp	State MD	Zip Code 21017	Amount of Each Receipt this Period 106.89
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation STRATEGIC ANALYST III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.53		

Full Name (Last, First, Middle Initial) <b>C. MARY ANN BARNETT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1155 Lakepointe		Transaction ID: SA11A1.71592	
City Grosse Pointe Park	State MI	Zip Code 48230	Amount of Each Receipt this Period 48.87
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ORGAINIZING DVLPT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.33		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	211.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARY ANN BARNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1155 Lakepointe		<b>Transaction ID: SA11A1.72090</b>	
City State Zip Code Grosse Pointe Park MI 48230	Amount of Each Receipt this Period 41.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL D. BAUER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 414 COLGATE AVENUE		<b>Transaction ID: SA11A1.71802</b>	
City State Zip Code ELYRIA OH 44035	Amount of Each Receipt this Period 79.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.52		

Full Name (Last, First, Middle Initial) <b>C. HENRY BAYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1507 W. CHASE STREET		<b>Transaction ID: SA11A1.71192</b>	
City State Zip Code CHICAGO IL 60626	Amount of Each Receipt this Period 104.24		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.96		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	225.79
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. HENRY BAYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 1507 W. CHASE STREET		<b>Transaction ID: SA11A1.72052</b>	
City State Zip Code CHICAGO IL 60626		Amount of Each Receipt this Period 26.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.96	

Full Name (Last, First, Middle Initial) <b>B. HENRY BAYER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 1507 W. CHASE STREET		<b>Transaction ID: SA11A1.72316</b>	
City State Zip Code CHICAGO IL 60626		Amount of Each Receipt this Period 104.24	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.20	

Full Name (Last, First, Middle Initial) <b>C. MARC BEALLOR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 30 Severance Circle #403		<b>Transaction ID: SA11A1.71072</b>	
City State Zip Code University Heights OH 44118		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	205.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. KENT BEAUCHAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 2309 MARINERS POINT LANE		<b>Transaction ID: SA11A1.71193</b>	
City State Zip Code SPRINGFIELD IL 62707	Amount of Each Receipt this Period 71.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.52		

Full Name (Last, First, Middle Initial) <b>B. KENT BEAUCHAMP</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2309 MARINERS POINT LANE		<b>Transaction ID: SA11A1.72317</b>	
City State Zip Code SPRINGFIELD IL 62707	Amount of Each Receipt this Period 71.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.90		

Full Name (Last, First, Middle Initial) <b>C. DENNIS BEAULIEU</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 8802 Edison Lane		<b>Transaction ID: SA11A1.71593</b>	
City State Zip Code Clinton MD 20735	Amount of Each Receipt this Period 44.16		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Manager, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	186.92
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. DENNIS BEAULIEU</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 8802 Edison Lane		<b>Transaction ID: SA11A1.72091</b>	
City State Zip Code Clinton MD 20735	Amount of Each Receipt this Period 37.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Manager, Financial Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.75		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL BEGATTO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 301 HEDGEROW LANE		<b>Transaction ID: SA11A1.71867</b>	
City State Zip Code WILMINGTON DE 19807	Amount of Each Receipt this Period 82.86		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME DE CN 81	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.83		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH BELLA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 6824 N. SEELEY AVENUE		<b>Transaction ID: SA11A1.71195</b>	
City State Zip Code CHICAGO IL 60645	Amount of Each Receipt this Period 71.38		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.52		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	191.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 JOSEPH BELLA

Mailing Address **6824 N. SEELEY AVENUE**

City **CHICAGO** State **IL** Zip Code **60645**

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

Name of Employer **AFSCME IL CN 31** Occupation **REGIONAL DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **356.90**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72319**

Amount of Each Receipt this Period  
**71.38**

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

Mailing Address **5059A 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 **ASSISTANT DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **310.78**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71821**

Amount of Each Receipt this Period  
**79.18**

**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 ▼ **557.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71594**

Amount of Each Receipt this Period  
**93.54**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>244.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
PAULA BENTLEY

Mailing Address 3701 Oakview Drive

City State Zip Code  
Orlando FL 32812

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

Name of Employer Occupation  
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 637.02

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.72092

Amount of Each Receipt this Period  
79.62

**B.** Full Name (Last, First, Middle Initial)  
DAVID BIELSKI

Mailing Address 1519 WOODLAND

City State Zip Code  
FRANKLIN PA 16323

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

Name of Employer Occupation  
AFSCME PA CN 13 DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71878

Amount of Each Receipt this Period  
96.00

**C.** Full Name (Last, First, Middle Initial)  
KAREN BLACK

Mailing Address 65 LUMBER STREET

City State Zip Code  
HIGHSPIRE PA 17034

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

Name of Employer Occupation  
AFSCME PA CN 13 ASSISTANT DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 344.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.71822

Amount of Each Receipt this Period  
92.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► **268.28**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**BARRY BOGARDE**

Mailing Address **4303 VERMONT COURT**

City **HARRISBURG** State **PA** Zip Code **17112**

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

Name of Employer **AFSCME PA CN 13** Occupation **LEGISLATIVE DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.64**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71823**

Amount of Each Receipt this Period  
**92.66**

**B.** Full Name (Last, First, Middle Initial)  
**REGINA BOLAND**

Mailing Address **1948 Kirby Road**

City **McLean** State **VA** Zip Code **22101**

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 ▼ **535.62**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71595**

Amount of Each Receipt this Period  
**89.88**

**C.** Full Name (Last, First, Middle Initial)  
**REGINA BOLAND**

Mailing Address **1948 Kirby Road**

City **McLean** State **VA** Zip Code **22101**

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 ▼ **612.13**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72093**

Amount of Each Receipt this Period  
**76.51**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>259.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PAUL BOOTH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 3724 Benton Street NW		<b>Transaction ID:</b> SA11A1.71596	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 99.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 590.13	

<b>B.</b> Full Name (Last, First, Middle Initial) PAUL BOOTH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 3724 Benton Street NW		<b>Transaction ID:</b> SA11A1.72094	
City State Zip Code Washington DC 20007		Amount of Each Receipt this Period 84.30	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 674.43	

<b>C.</b> Full Name (Last, First, Middle Initial) RONALD P. BOWDEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 11008 S. GREEN STREET		<b>Transaction ID:</b> SA11A1.71220	
City State Zip Code CHICAGO IL 60643		Amount of Each Receipt this Period 76.76	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 ASSISTANT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 307.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	260.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 224
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. RONALD P. BOWDEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 11008 S. GREEN STREET		<b>Transaction ID: SA11A1.72343</b>	
City State Zip Code CHICAGO IL 60643	Amount of Each Receipt this Period 76.76		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation ASSISTANT DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 383.80		

Full Name (Last, First, Middle Initial) <b>B. CRAIG E BRACKBILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 6014 Bartlett Avenue		<b>Transaction ID: SA11A1.71528</b>	
City State Zip Code San Gabriel CA 91775	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME CA LOC 1902	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. CRAIG E BRACKBILL</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 6014 Bartlett Avenue		<b>Transaction ID: SA11A1.71983</b>	
City State Zip Code San Gabriel CA 91775	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME CA LOC 1902	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**CRAIG E BRACKBILL**

Mailing Address **6014 Bartlett Avenue**

City **San Gabriel** State **CA** Zip Code **91775**

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

Name of Employer **AFSCME CA LOC 1902** 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  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72847**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**NORMA BRAIDIGAN**

Mailing Address **P. O. BOX 1, SOUTH 7TH STREET**

City **WEST MILTON** State **PA** Zip Code **17886**

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

Name of Employer **AFSCME PA CN 13** Occupation **DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71889**

Amount of Each Receipt this Period  
**96.00**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM BRENNER**

Mailing Address **3901 SCHOOLHOUSE ROAD**

City **DOVER** State **PA** Zip Code **17315**

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 ▼ **238.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71914**

Amount of Each Receipt this Period  
**59.54**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
JEROME BROWN

Mailing Address 6917 RIDGELAND AVENUE

City State Zip Code  
HAMMOND IN 46324

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 233.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71198

Amount of Each Receipt this Period  
58.42

**B.** Full Name (Last, First, Middle Initial)  
JEROME BROWN

Mailing Address 6917 RIDGELAND AVENUE

City State Zip Code  
HAMMOND IN 46324

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 292.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72322

Amount of Each Receipt this Period  
58.42

**C.** Full Name (Last, First, Middle Initial)  
BARBARA BRUMFIELD

Mailing Address 211 ST CLAIR DRIVE

City State Zip Code  
FAIRVIEW HEIGHTS IL 62208

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72344

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	166.84
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. DIANE BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6626 Potomac Avenue, A1		<b>Transaction ID: SA11A1.71597</b>	
City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 54.53		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, LEGISLATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.95		

Full Name (Last, First, Middle Initial) <b>B. DIANE BURKE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 6626 Potomac Avenue, A1		<b>Transaction ID: SA11A1.72096</b>	
City State Zip Code Alexandria VA 22307	Amount of Each Receipt this Period 46.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, LEGISLATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.37		

Full Name (Last, First, Middle Initial) <b>C. CAROL L BURNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1921 N. Westmoreland		<b>Transaction ID: SA11A1.71598</b>	
City State Zip Code Arlington VA 22213	Amount of Each Receipt this Period 50.29		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation MANAGER, ART & GRAPHIC DESIGN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.65		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	151.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. CAROL L BURNETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1921 N. Westmoreland		<b>Transaction ID: SA11A1.72097</b>	
City State Zip Code Arlington VA 22213		Amount of Each Receipt this Period 42.81	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L MANAGER, ART & GRAPHIC DESIGN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.46	

Full Name (Last, First, Middle Initial) <b>B. JUDITH BUXTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 2401 N 2ND STREET		<b>Transaction ID: SA11A1.71824</b>	
City State Zip Code HARRISBURG PA 17110		Amount of Each Receipt this Period 79.83	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME PA CN 13 ASSISTANT DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 357.81	

Full Name (Last, First, Middle Initial) <b>C. PAULA J. CAIRA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 17 Fourteenth Street SE		<b>Transaction ID: SA11A1.71599</b>	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 51.70	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L ASSOCIATE GENERAL COUNSEL I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	174.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. PAULA J. CAIRA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 17 Fourteenth Street SE		<b>Transaction ID: SA11A1.72098</b>	
City State Zip Code Washington DC 20003		Amount of Each Receipt this Period 44.01	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L ASSOCIATE GENERAL COUNSEL I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.09	

Full Name (Last, First, Middle Initial) <b>B. ANGELA M. CALDWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 3664 STIRLING COURT		<b>Transaction ID: SA11A1.71797</b>	
City State Zip Code CLEVELAND OH 44115-3091		Amount of Each Receipt this Period 58.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.76	

Full Name (Last, First, Middle Initial) <b>C. ROBERT CALVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 45 CHURCH ROAD		<b>Transaction ID: SA11A1.71879</b>	
City State Zip Code MERCER PA 16137		Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME PA CN 13 REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	161.99
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. JOHN CAMERON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 6555 N. MAPLEWOOD		<b>Transaction ID: SA11A1.71234</b>
City State Zip Code CHICAGO IL 60645	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 67.50
Name of Employer Occupation AFSCME IL CN 31 DIRECTOR POL./COM. RELATIONS	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN CAMERON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 6555 N. MAPLEWOOD		<b>Transaction ID: SA11A1.72357</b>
City State Zip Code CHICAGO IL 60645	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 67.50
Name of Employer Occupation AFSCME IL CN 31 DIRECTOR POL./COM. RELATIONS	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 337.50	

Full Name (Last, First, Middle Initial) <b>C. LINDA CANAN STEPHENS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1625 L STREET NW		<b>Transaction ID: SA11A1.71600</b>
City State Zip Code WASHINGTON DC 20036	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 108.80
Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 640.63	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>243.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. LINDA CANAN STEPHENS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1625 L STREET NW		Transaction ID: SA11A1.72099	
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 92.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 733.47		

Full Name (Last, First, Middle Initial) <b>B. RICHARD CAPONI</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 4453 STILLEY ROAD		Transaction ID: SA11A1.71861	
City PITTSBURGH	State PA	Zip Code 15227	Amount of Each Receipt this Period 96.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00		

Full Name (Last, First, Middle Initial) <b>C. JOYCE CARLSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 911 ALDINE STREET		Transaction ID: SA11A1.71401	
City ST. PAUL	State MN	Zip Code 55104	Amount of Each Receipt this Period 56.18
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.12		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	245.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
TAMMY D 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 ▼ 232.82

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.71796

Amount of Each Receipt this Period  
58.44

**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 ▼ 203.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.71926

Amount of Each Receipt this Period  
25.46

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY CASO

Mailing Address 9 GARDEN COURT STREET

City BOSTON State MA Zip Code 02113

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 ▼ 389.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.71059

Amount of Each Receipt this Period  
100.10

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	184.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
ANTHONY CASO

Mailing Address 9 GARDEN COURT STREET

City State Zip Code  
BOSTON MA 02113

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

Name of Employer Occupation  
AFSCME MA CN 93 EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.72054

Amount of Each Receipt this Period  
13.00

**B.** Full Name (Last, First, Middle Initial)  
ANNA CHURCHILL

Mailing Address 921 20th Avenue

City State Zip Code  
Honolulu HI 96816

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

Name of Employer Occupation  
AFSCME HI LOC 152 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  
0 4 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.71496

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
KATIE Y. CLAY

Mailing Address 312 N. FRANCISCO 2ND FL

City State Zip Code  
CHICAGO IL 60612

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71222

Amount of Each Receipt this Period  
58.42

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	121.42
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) KATIE Y. CLAY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 312 N. FRANCISCO 2ND FL		<b>Transaction ID:</b> SA11A1.72345	
City State Zip Code CHICAGO IL 60612	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10		

<b>B.</b> Full Name (Last, First, Middle Initial) LINCOLN COHEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 4500 E. 6TH STREET		<b>Transaction ID:</b> SA11A1.71205	
City State Zip Code GARY IN 46403	Amount of Each Receipt this Period 63.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation EDITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.04		

<b>C.</b> Full Name (Last, First, Middle Initial) LINCOLN COHEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 4500 E. 6TH STREET		<b>Transaction ID:</b> SA11A1.72329	
City State Zip Code GARY IN 46403	Amount of Each Receipt this Period 63.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation EDITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.30		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	184.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 224
	<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, QUALIFI- ED**

<b>A.</b> Full Name (Last, First, Middle Initial) TRACEY CONATY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1789 Lanier Place NW, #42		<b>Transaction ID:</b> SA11A1.71602	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 47.64
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.86		

<b>B.</b> Full Name (Last, First, Middle Initial) TRACEY CONATY		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1789 Lanier Place NW, #42		<b>Transaction ID:</b> SA11A1.72101	
City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 40.55
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.41		

<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT COOPER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 931 S. WALNUT STREET		<b>Transaction ID:</b> SA11A1.71903	
City WEST CHESTER	State PA	Zip Code 19380	Amount of Each Receipt this Period 96.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	184.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER COWEN

Mailing Address 47 DOUGLAS STREET

City State Zip Code  
ST. PAUL MN 55102

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

Name of Employer Occupation  
AFSCME MN CN 14 BUSINESS REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 226.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.71400

Amount of Each Receipt this Period  
58.42

**B.** Full Name (Last, First, Middle Initial)  
DANNY CRAIG

Mailing Address 18945 LITTLEFIELD

City State Zip Code  
DETROIT MI 48235

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

Name of Employer Occupation  
AFSCME MI CN 25 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 203.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.71928

Amount of Each Receipt this Period  
25.46

**C.** Full Name (Last, First, Middle Initial)  
DICK CROFTER

Mailing Address 238 S. OAK PARK AVENUE #1F

City State Zip Code  
OAK PARK IL 60302

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 233.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71214

Amount of Each Receipt this Period  
58.42

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 224
	<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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
DICK CROFTER

Mailing Address 238 S. OAK PARK AVENUE #1F

City OAK PARK State IL Zip Code 60302

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 ▼ 292.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72338

Amount of Each Receipt this Period  
58.42

**B.** Full Name (Last, First, Middle Initial)  
JAMES 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 ▼ 265.06

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.71605

Amount of Each Receipt this Period  
45.34

**C.** Full Name (Last, First, Middle Initial)  
JAMES 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 ▼ 303.81

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.72104

Amount of Each Receipt this Period  
38.75

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.51
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER C DAEHN</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address <b>1602 E Street, SE</b>		<b>Transaction ID: SA11A1.71606</b>																				
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>46.90</b>																				
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>Associate General Counsel I</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>279.46</b>																					

Full Name (Last, First, Middle Initial) <b>B. JENNIFER C DAEHN</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
Mailing Address <b>1602 E Street, SE</b>		<b>Transaction ID: SA11A1.72105</b>																				
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>39.92</b>																				
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>Associate General Counsel I</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>319.38</b>																					

Full Name (Last, First, Middle Initial) <b>C. JEFFREY DAINS</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	0		2	0	0	6													
Mailing Address <b>1743 CARL STREET</b>		<b>Transaction ID: SA11A1.71403</b>																				
City <b>ROSEVILLE</b>	State <b>MN</b>	Zip Code <b>55113</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>54.00</b>																				
Name of Employer <b>AFSCME MN CN 14</b>	Occupation <b>BUSINESS REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>216.00</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 224
	<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, QUALIFI-  
 ED**

**A.** 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 **AFCSME PA CN 13** Occupation **ASSOCIATE LEGISLATIVE DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.84**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71825**

Amount of Each Receipt this Period  
**68.46**

**B.** Full Name (Last, First, Middle Initial)  
**TERRY DARNELL**

Mailing Address **1002 4th St., SW,  
 Apt. 14**

City **Altoona** State **IA** Zip Code **50009**

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

Name of Employer **AFSCME INT'L** Occupation **INT'L UNION REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.35**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71610**

Amount of Each Receipt this Period  
**36.07**

**C.** Full Name (Last, First, Middle Initial)  
**TERRY DARNELL**

Mailing Address **1002 4th St., SW,  
 Apt. 14**

City **Altoona** State **IA** Zip Code **50009**

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

Name of Employer **AFSCME INT'L** Occupation **INT'L UNION REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72106**

Amount of Each Receipt this Period  
**36.07**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 224
	<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, QUALIFI-  
ED

**A.** Full Name (Last, First, Middle Initial)  
ROBERT DAVIS

Mailing Address 822 BOVEE LANE

City State Zip Code  
POWELL OH 43065

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

Name of Employer Occupation  
AFSCME OH CN 8 ASSOCIATE DIRECTOR

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.71795

Amount of Each Receipt this Period  
36.31

**B.** Full Name (Last, First, Middle Initial)  
JEANETTE DEFLORIO

Mailing Address 600 West Lafayette  
Suite 500

City State Zip Code  
Detroit MI 48226

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

Name of Employer Occupation  
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 203.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 20 / 2006

Transaction ID: SA11A1.71929

Amount of Each Receipt this Period  
24.21

**C.** Full Name (Last, First, Middle Initial)  
EDGAR DE JESUS

Mailing Address 8 Ralph Street,  
First Floor

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer Occupation  
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.67

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 14 / 2006

Transaction ID: SA11A1.71611

Amount of Each Receipt this Period  
46.77

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	107.29
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. EDGAR DE JESUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address <b>8 Ralph Street,                  First Floor</b>		<b>Transaction ID: SA11A1.72107</b>	
City State Zip Code <b>Bergenfield NJ 07621</b>		Amount of Each Receipt this Period 40.90	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>		Occupation <b>AREA ORGANIZING DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 319.57	

Full Name (Last, First, Middle Initial) <b>B. YVETTE I DE LA CRUZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address <b>1007 Lanark Way</b>		<b>Transaction ID: SA11A1.71612</b>	
City State Zip Code <b>Silver Spring MD 20901</b>		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>		Occupation <b>Assistant Director, Women's Rights</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.00	

Full Name (Last, First, Middle Initial) <b>C. YVETTE I DE LA CRUZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address <b>1007 Lanark Way</b>		<b>Transaction ID: SA11A1.72108</b>	
City State Zip Code <b>Silver Spring MD 20901</b>		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>		Occupation <b>Assistant Director, Women's Rights</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOHN C DEMPSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 20235 Watermark Place		<b>Transaction ID: SA11A1.71613</b>	
City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 99.03		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.13		

Full Name (Last, First, Middle Initial) <b>B. JOHN C DEMPSEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 20235 Watermark Place		<b>Transaction ID: SA11A1.72109</b>	
City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 84.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.43		

Full Name (Last, First, Middle Initial) <b>C. CONSTANCE DERR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address P.O. Box 116		<b>Transaction ID: SA11A1.71614</b>	
City State Zip Code Maspeth NY 11378	Amount of Each Receipt this Period 58.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.73		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	241.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. CONSTANCE DERR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address P.O. Box 116		<b>Transaction ID: SA11A1.72110</b>	
City Maspeth	State NY	Zip Code 11378	Amount of Each Receipt this Period 49.67
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 397.40		

Full Name (Last, First, Middle Initial) <b>B. JEAN M DIEDERICH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 1711 NORWOOD ST		<b>Transaction ID: SA11A1.71458</b>	
City Brainerd	State MN	Zip Code 56401-3846	Amount of Each Receipt this Period 104.00
FEC ID number of contributing federal political committee. C			
Name of Employer HENNEPIN COUNTY	Occupation PRINCIPAL CHILD SUPPORT OFFICER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 620.00		

Full Name (Last, First, Middle Initial) <b>C. JOHN A DINICOLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 320 2nd Street		<b>Transaction ID: SA11A1.71251</b>	
City Bergenline	State NJ	Zip Code 07087	Amount of Each Receipt this Period 57.08
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.70		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	210.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. JOHN A DINICOLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 320 2nd Street		<b>Transaction ID: SA11A1.72375</b>
City Bergenline	State NJ	Zip Code 07087
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 57.08
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.78	

Full Name (Last, First, Middle Initial) <b>B. KEVIN DOEING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 4031 Executive Park Drive		<b>Transaction ID: SA11A1.71827</b>
City Harrisburg	State PA	Zip Code 17111-1599
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 51.66
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.64	

Full Name (Last, First, Middle Initial) <b>C. THOMAS DRABICK, JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 982 Fortkort Dr.		<b>Transaction ID: SA11A1.71080</b>
City Reynoldsburg	State OH	Zip Code 43068-6803
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 78.00
Name of Employer AFSCME OH LOC 4	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	186.74
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
LAURA E. DRAKE

Mailing Address 238 S. OAK PARK AVENUE

City OAK PARK State IL Zip Code 60302

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

Name of Employer AFSCME IL CN 31 Occupation SENIOR ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 233.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71236

Amount of Each Receipt this Period  
58.42

**B.** Full Name (Last, First, Middle Initial)  
LAURA E. DRAKE

Mailing Address 238 S. OAK PARK AVENUE

City OAK PARK State IL Zip Code 60302

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

Name of Employer AFSCME IL CN 31 Occupation SENIOR ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 292.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72359

Amount of Each Receipt this Period  
58.42

**C.** Full Name (Last, First, Middle Initial)  
ALBERT DRANTZ

Mailing Address 6140 N. LAKEWOOD

City CHICAGO State IL Zip Code 60660

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 ▼ 221.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72346

Amount of Each Receipt this Period  
44.20

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	161.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. PAMELA DUNCAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 2895 Arrow Smith Drive		<b>Transaction ID: SA11A1.71081</b>
City State Zip Code Reynoldsburg, OH 43068	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH LOC 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>B. EINAR O DYBLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 3443 Vista Del Oro		<b>Transaction ID: SA11A1.71529</b>
City State Zip Code Oceanside CA 92056	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>C. EINAR O DYBLIE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 3443 Vista Del Oro		<b>Transaction ID: SA11A1.71984</b>
City State Zip Code Oceanside CA 92056	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. WILLIAM EAST</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 1114 W. NORWEGIAN STREET		<b>Transaction ID: SA11A1.71915</b>	
City State Zip Code POTTSVILLE PA 17901		Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.16	

Full Name (Last, First, Middle Initial) <b>B. THOMAS EDSTROM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 4106 N. SACRAMENTO		<b>Transaction ID: SA11A1.71178</b>	
City State Zip Code CHICAGO IL 60618		Amount of Each Receipt this Period 68.36	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME IL CN 31 LEGAL COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.44	

Full Name (Last, First, Middle Initial) <b>C. THOMAS EDSTROM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 4106 N. SACRAMENTO		<b>Transaction ID: SA11A1.72302</b>	
City State Zip Code CHICAGO IL 60618		Amount of Each Receipt this Period 68.36	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME IL CN 31 LEGAL COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 341.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	196.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 224
	<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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AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. KURT ERRICKSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 224 NO. SMITH AVENUE #12		<b>Transaction ID: SA11A1.71405</b>
City State Zip Code ST. PAUL MN 55102	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MN CN 14	Occupation BUSINESS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.84	

Full Name (Last, First, Middle Initial) <b>B. FLORENCE ESTES</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 4328 N. HERMITAGE AVENUE #1-W		<b>Transaction ID: SA11A1.71238</b>
City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68	

Full Name (Last, First, Middle Initial) <b>C. FLORENCE ESTES</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 4328 N. HERMITAGE AVENUE #1-W		<b>Transaction ID: SA11A1.72361</b>
City State Zip Code CHICAGO IL 60613	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 47 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. JESSE M. EVANS, JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 2640 SOUTH THIRD STREET		Transaction ID: SA11A1.71829
City State Zip Code STEELTON PA 17113	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 92.66
Name of Employer AFSCME PA CN 13	Occupation BUSINESS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.64	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE EVANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 10201 Galana Pointe Drive		Transaction ID: SA11A1.71793
City State Zip Code Galana Pointe OH 43021	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 61.32
Name of Employer AFSCME OH CN 8	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.30	

Full Name (Last, First, Middle Initial) <b>C. JOHN EWART III</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 303 HALLMARK HOUSE		Transaction ID: SA11A1.71862
City State Zip Code HERSHEY PA 17033	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 73.02
Name of Employer AFSCME PA CN 13	Occupation ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.08	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>227.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. STEPHAN FANTAUZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 3840 N. Delaware Street		<b>Transaction ID: SA11A1.71615</b>
City State Zip Code Indianapolis IN 46205	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.40	

Full Name (Last, First, Middle Initial) <b>B. STEPHAN FANTAUZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 3840 N. Delaware Street		<b>Transaction ID: SA11A1.72111</b>
City State Zip Code Indianapolis IN 46205	Amount of Each Receipt this Period 55.35	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75	

Full Name (Last, First, Middle Initial) <b>C. RICHARD FELLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 4705 Butterworth Place, NW		<b>Transaction ID: SA11A1.71617</b>
City State Zip Code Washington DC 20016	Amount of Each Receipt this Period 59.14	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	179.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 224
	<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, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) RICHARD FELLER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 4705 Butterworth Place, NW		<b>Transaction ID:</b> SA11A1.72113	
City Washington	State DC	Zip Code 20016	Amount of Each Receipt this Period 50.34
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.76		

<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD C FERLAUTO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2806 North Somerset Street		<b>Transaction ID:</b> SA11A1.71618	
City Arlington	State VA	Zip Code 22213	Amount of Each Receipt this Period 50.29
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation MANAGER, PENSION INVESTMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.65		

<b>C.</b> Full Name (Last, First, Middle Initial) RICHARD C FERLAUTO		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 2806 North Somerset Street		<b>Transaction ID:</b> SA11A1.72114	
City Arlington	State VA	Zip Code 22213	Amount of Each Receipt this Period 42.81
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation MANAGER, PENSION INVESTMENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.46		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	143.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. JASPER FERRARO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 710 JOHN STREET		<b>Transaction ID: SA11A1.71181</b>
City ROCKFORD	State IL	Zip Code 61103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.18
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.72	

Full Name (Last, First, Middle Initial) <b>B. JASPER FERRARO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 710 JOHN STREET		<b>Transaction ID: SA11A1.72305</b>
City ROCKFORD	State IL	Zip Code 61103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.18
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.90	

Full Name (Last, First, Middle Initial) <b>C. JERRY E FIELDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 11425 Miller Road		<b>Transaction ID: SA11A1.71531</b>
City Whittier	State CA	Zip Code 90604
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. JERRY E FIELDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 11425 Miller Road		<b>Transaction ID: SA11A1.71986</b>
City State Zip Code Whittier CA 90604	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 10.00
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. JERRY E FIELDS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 11425 Miller Road		<b>Transaction ID: SA11A1.72849</b>
City State Zip Code Whittier CA 90604	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. CUAHTEMOC FIGUEROA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 814 Renaissance Pointe Blvd., APT. 102		<b>Transaction ID: SA11A1.71619</b>
City State Zip Code Altamonte Springs FL 32714	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 44.98
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 263.83	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	74.98
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 224
	<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, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) CUAHTEMOC FIGUEROA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 814 Renaissance Pointe Blvd., APT. 102		<b>Transaction ID:</b> SA11A1.72115	
City State Zip Code Altamonte Springs FL 32714		Amount of Each Receipt this Period 38.42	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 302.25	

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN J FILAK JR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1051 Wilbert Road		<b>Transaction ID:</b> SA11A1.71792	
City State Zip Code Lakewood OH 44107		Amount of Each Receipt this Period 79.88	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 319.52	

<b>C.</b> Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 2520 HELEN STREET		<b>Transaction ID:</b> SA11A1.71830	
City State Zip Code HATBORO PA 19040		Amount of Each Receipt this Period 119.16	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13		Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.64	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	237.46
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) DAVID FILLMAN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2520 HELEN STREET		<b>Transaction ID:</b> SA11A1.72058
City State Zip Code HATBORO PA 19040	Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.64	

<b>B.</b> Full Name (Last, First, Middle Initial) DENNIS P. FLEMING		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 449 ST. MARY DRIVE		<b>Transaction ID:</b> SA11A1.71194
City State Zip Code EDWARDSVILLE IL 62025	Amount of Each Receipt this Period 50.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation MEMBERSHIP COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.16	

<b>C.</b> Full Name (Last, First, Middle Initial) DENNIS P. FLEMING		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 449 ST. MARY DRIVE		<b>Transaction ID:</b> SA11A1.72318
City State Zip Code EDWARDSVILLE IL 62025	Amount of Each Receipt this Period 50.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation MEMBERSHIP COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	113.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 54 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 1777 BUCKLEW DRIVE

City State Zip Code  
TOLEDO OH 43613

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

Name of Employer Occupation  
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 233.76

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.71791

Amount of Each Receipt this Period  
58.44

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

Mailing Address 3818 SHEFFIELD LANE

City State Zip Code  
HARRISBURG PA 17110

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

Name of Employer Occupation  
AFSCME PA CN 13 DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 579.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 18 / 2006

Transaction ID: SA11A1.71916

Amount of Each Receipt this Period  
96.00

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

Mailing Address 3818 SHEFFIELD LANE

City State Zip Code  
HARRISBURG PA 17110

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

Name of Employer Occupation  
AFSCME PA CN 13 DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 644.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 26 / 2006

Transaction ID: SA11A1.72059

Amount of Each Receipt this Period  
65.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	219.44
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. GARETH J FRANK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2309 Parkway		Transaction ID: SA11A1.71620	
City State Zip Code Cheverly MD 20785	Amount of Each Receipt this Period 57.56		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSOC DIRECTOR ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 343.04		

Full Name (Last, First, Middle Initial) <b>B. GARETH J FRANK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 2309 Parkway		Transaction ID: SA11A1.72116	
City State Zip Code Cheverly MD 20785	Amount of Each Receipt this Period 49.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSOC DIRECTOR ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.04		

Full Name (Last, First, Middle Initial) <b>C. BRIAN FUITEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 445 MAYFAIR DRIVE		Transaction ID: SA11A1.71197	
City State Zip Code LINCOLN IL 62656	Amount of Each Receipt this Period 62.68		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME ILCN 31	Occupation DATA PROCESSING SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	169.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN FUTEN**

Mailing Address **445 MAYFAIR DRIVE**

City **LINCOLN** State **IL** Zip Code **62656**

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

Name of Employer **AFSCME IL CN 31** Occupation **DATA PROCESSING SPECIALIST**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.40**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72321**

Amount of Each Receipt this Period  
**62.68**

**B.** Full Name (Last, First, Middle Initial)  
**AMY 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 ▼ **210.04**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71621**

Amount of Each Receipt this Period  
**35.20**

**C.** Full Name (Last, First, Middle Initial)  
**AMY 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 ▼ **240.32**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72117**

Amount of Each Receipt this Period  
**30.28**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>128.16</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
ALBERT GARRETT

Mailing Address 18491 LAUDER

City State Zip Code  
DETROIT MI 48235

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

Name of Employer Occupation  
AFSCME MI CN 25 PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 424.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.71268

Amount of Each Receipt this Period  
55.10

**B.** Full Name (Last, First, Middle Initial)  
ALBERT GARRETT

Mailing Address 18491 LAUDER

City State Zip Code  
DETROIT MI 48235

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

Name of Employer Occupation  
AFSCME MI CN 25 PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 479.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.71932

Amount of Each Receipt this Period  
55.10

**C.** Full Name (Last, First, Middle Initial)  
ALBERT GARRETT

Mailing Address 18491 LAUDER

City State Zip Code  
DETROIT MI 48235

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

Name of Employer Occupation  
AFSCME MI CN 25 PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 492.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.72060

Amount of Each Receipt this Period  
13.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 123.20

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. IRASEMA T. GARZA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 6804 Granby Street		Transaction ID: SA11A1.71622	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 65.02
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, WOMEN'S RIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.40		

Full Name (Last, First, Middle Initial) <b>B. IRASEMA T. GARZA</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 6804 Granby Street		Transaction ID: SA11A1.72118	
City Bethesda	State MD	Zip Code 20817	Amount of Each Receipt this Period 55.35
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, WOMEN'S RIGHTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75		

Full Name (Last, First, Middle Initial) <b>C. DAVID GASH</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 226 HARTLEY ROAD		Transaction ID: SA11A1.71920	
City HERSHEY	State PA	Zip Code 17033	Amount of Each Receipt this Period 59.54
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	179.91
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 224
	<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

Full Name (Last, First, Middle Initial) <b>A. THOMAS GIBBS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address C/O 160 PATCHWAY ROAD PA CN 83		Transaction ID: SA11A1.71851
City DUNCANSVILLE	State PA	Zip Code 16635-8431
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.54
Name of Employer AFSCME PA CN 83	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16	

Full Name (Last, First, Middle Initial) <b>B. KAREN GILGOFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 3003 Van Ness Street NW, #W1023		Transaction ID: SA11A1.71623
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 48.44
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, RETIREES PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.62	

Full Name (Last, First, Middle Initial) <b>C. KAREN GILGOFF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 3003 Van Ness Street NW, #W1023		Transaction ID: SA11A1.72119
City Washington	State DC	Zip Code 20008
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 41.23
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, RETIREES PROGRAM	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	149.21
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. PATRICIA GLYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 55 Aberdeen Avenue		<b>Transaction ID: SA11A1.71624</b>	
City State Zip Code Cambridge MA 02138-4646	Amount of Each Receipt this Period 48.05		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.31		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA GLYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 55 Aberdeen Avenue		<b>Transaction ID: SA11A1.72120</b>	
City State Zip Code Cambridge MA 02138-4646	Amount of Each Receipt this Period 40.90		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 327.21		

Full Name (Last, First, Middle Initial) <b>C. MARK GOLDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 74 ICE POND ROAD		<b>Transaction ID: SA11A1.71905</b>	
City State Zip Code LEVITTOWN PA 19057	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	148.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PETER GOULD		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 113 West Haines Street		<b>Transaction ID:</b> SA11A1.71524
City State Zip Code Philadelphia PA 19144	Amount of Each Receipt this Period 235.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME PA LOC 1199C	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

<b>B.</b> Full Name (Last, First, Middle Initial) MARY GOULDING		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address C/O 8033 EXCELSIOR DRIVE SUITE B WI COUNCIL 40		<b>Transaction ID:</b> SA11A1.72473
City State Zip Code MADISON WI 53717-1903	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME WI CN 40	Occupation SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

<b>C.</b> Full Name (Last, First, Middle Initial) STEPHEN M. GRAHAM		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 10105 Baltimore Avenue, Apt 3407		<b>Transaction ID:</b> SA11A1.71625
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 42.98	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation Project Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	352.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M. GRAHAM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 10105 Baltimore Avenue, Apt 3407		<b>Transaction ID: SA11A1.72121</b>	
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 36.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Project Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.69		

Full Name (Last, First, Middle Initial) <b>B. PATRICIA GRANT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 17420 Aquasco Farm Road		<b>Transaction ID: SA11A1.72122</b>	
City State Zip Code Aquasco MD 20608	Amount of Each Receipt this Period 39.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Executive Office Assistant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.12		

Full Name (Last, First, Middle Initial) <b>C. R. SEAN GRAYSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 10201 GALENA POINTE DRIVE		<b>Transaction ID: SA11A1.71790</b>	
City State Zip Code GALENA OH 43021	Amount of Each Receipt this Period 97.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation GENERAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 389.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 STEVE GRETSUK

Mailing Address 7803 Desiree Street

City State Zip Code  
 Alexandria VA 22315

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

Name of Employer Occupation  
 AFSCME INT'L DIRECTOR, INFORMATION SYSTEMS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 507.15

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71627

Amount of Each Receipt this Period  
 85.11

**B.** Full Name (Last, First, Middle Initial)  
 STEVE GRETSUK

Mailing Address 7803 Desiree Street

City State Zip Code  
 Alexandria VA 22315

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

Name of Employer Occupation  
 AFSCME INT'L DIRECTOR, INFORMATION SYSTEMS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 579.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72123

Amount of Each Receipt this Period  
 72.45

**C.** Full Name (Last, First, Middle Initial)  
 ROGER GRIFFITH

Mailing Address 5 OAKWOOD LANE

City State Zip Code  
 AUBURN IL 62615

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

Name of Employer Occupation  
 AFSCME ILCN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 233.68

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

**Transaction ID:** SA11A1.71218

Amount of Each Receipt this Period  
 58.42

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>215.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**ROGER GRIFFITH**

Mailing Address **5 OAKWOOD LANE**

City **AUBURN** State **IL** Zip Code **62615**

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 ▼ **292.10**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	6

**Transaction ID: SA11A1.72341**

Amount of Each Receipt this Period  

58.42
-------

**B.** Full Name (Last, First, Middle Initial)  
**JON A. GWYNNE**

Mailing Address **2052 Sherwood Lake Drive**

City **Schereville** State **IN** Zip Code **46375**

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 ▼ **219.40**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	0	6

**Transaction ID: SA11A1.72364**

Amount of Each Receipt this Period  

43.88
-------

**C.** Full Name (Last, First, Middle Initial)  
**MICHELLE L HAIGHT**

Mailing Address **270 Amberwood Drive**

City **Walnut** State **CA** Zip Code **91789**

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

Name of Employer **METRO WATER DISTRICT** 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
0	4		1	2		2	0	0	6

**Transaction ID: SA11A1.71533**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>112.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 224
	<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

Full Name (Last, First, Middle Initial) <b>A. MICHELLE L HAIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 270 Amberwood Drive		Transaction ID: SA11A1.71988	
City State Zip Code Walnut CA 91789	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) <b>B. MICHELLE L HAIGHT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 270 Amberwood Drive		Transaction ID: SA11A1.72851	
City State Zip Code Walnut CA 91789	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. YVONNE J HARGROVE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 12832 Evansport PI		Transaction ID: SA11A1.72126	
City State Zip Code Woodbridge VA 22192	Amount of Each Receipt this Period 42.90		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Administrative Assistant I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.29		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	72.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM HARPER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 5073 ROHNS		<b>Transaction ID: SA11A1.71273</b>	
City State Zip Code DETROIT MI 48213		Amount of Each Receipt this Period 29.27	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME MI CN 25 STAFF SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.89	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM HARPER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 5073 ROHNS		<b>Transaction ID: SA11A1.71936</b>	
City State Zip Code DETROIT MI 48213		Amount of Each Receipt this Period 29.27	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME MI CN 25 STAFF SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 234.16	

Full Name (Last, First, Middle Initial) <b>C. ALFRED HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 19313 QUAIL COURT		<b>Transaction ID: SA11A1.71185</b>	
City State Zip Code ELWOOD IL 60421		Amount of Each Receipt this Period 61.18	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 244.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.72
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial) <b>A. ALFRED HARRIS</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	6													
Mailing Address <b>19313 QUAIL COURT</b>		<b>Transaction ID: SA11A1.72309</b>																				
City <b>ELWOOD</b>	State <b>IL</b>	Zip Code <b>60421</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>61.18</b>																				
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>305.90</b>																					

Full Name (Last, First, Middle Initial) <b>B. LORA HARRIS</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	5		2	0	0	6													
Mailing Address <b>265 Forest Blvd</b>		<b>Transaction ID: SA11A1.71212</b>																				
City <b>Park Forest</b>	State <b>IL</b>	Zip Code <b>60466-1750</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>57.08</b>																				
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>226.00</b>																					

Full Name (Last, First, Middle Initial) <b>C. LORA HARRIS</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	6													
Mailing Address <b>265 Forest Blvd</b>		<b>Transaction ID: SA11A1.72336</b>																				
City <b>Park Forest</b>	State <b>IL</b>	Zip Code <b>60466-1750</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>57.08</b>																				
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>283.08</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.34</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) RAYMOND HARRIS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 3912 GLADYS AVENUE		<b>Transaction ID:</b> SA11A1.71196
City State Zip Code BELLWOOD IL 60104	Amount of Each Receipt this Period 66.28	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR INT GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.12	

<b>B.</b> Full Name (Last, First, Middle Initial) RAYMOND HARRIS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 3912 GLADYS AVENUE		<b>Transaction ID:</b> SA11A1.72320
City State Zip Code BELLWOOD IL 60104	Amount of Each Receipt this Period 66.28	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR INT GOVERNMENT RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 331.40	

<b>C.</b> Full Name (Last, First, Middle Initial) STEPHANIE HARRISON		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7824 Main Falls Creek		<b>Transaction ID:</b> SA11A1.71631
City State Zip Code Catonsville MD 21228	Amount of Each Receipt this Period 65.02	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation DIRECTOR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	197.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE HARRISON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 7824 Main Falls Creek		<b>Transaction ID: SA11A1.72128</b>	
City State Zip Code Catonsville MD 21228	Amount of Each Receipt this Period 55.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, HUMAN RESOURCES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75		

Full Name (Last, First, Middle Initial) <b>B. FRED L. HARTSEL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 518 23RD STREET NW		<b>Transaction ID: SA11A1.71788</b>	
City State Zip Code CANTON OH 44709	Amount of Each Receipt this Period 58.44		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.76		

Full Name (Last, First, Middle Initial) <b>C. SHANA HARVALA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 1815 SOUTHWOOD DRIVE		<b>Transaction ID: SA11A1.71937</b>	
City State Zip Code ISHPEMING MI 49849	Amount of Each Receipt this Period 26.73		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.57		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.52
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. MARK D. HATCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address C/O 6805 OAK CREEK DRIVE OAPSE LOCAL 4		<b>Transaction ID: SA11A1.71137</b>	
City State Zip Code COLUMBUS OH 43229		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME OH LOC 4 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>B. MARK D. HATCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address C/O 6805 OAK CREEK DRIVE OAPSE LOCAL 4		<b>Transaction ID: SA11A1.71084</b>	
City State Zip Code COLUMBUS OH 43229		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME OH LOC 4 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL D HATCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address P. O. Box 231		<b>Transaction ID: SA11A1.72129</b>	
City State Zip Code Monticello KY 42633		Amount of Each Receipt this Period 26.28	
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation AFSCME INT'L Lead Organizer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.14	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	236.28
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
JIMMY HEARNS

Mailing Address 18509 MENDOTA

City State Zip Code  
DETROIT MI 48221

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

Name of Employer Occupation  
AFSCME MI CN 25 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 213.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.71938

Amount of Each Receipt this Period  
26.73

**B.** Full Name (Last, First, Middle Initial)  
JUDITH HEH

Mailing Address 408 ORRS BRIDGE ROAD

City State Zip Code  
CAMP HILL PA 17011

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

Name of Employer Occupation  
AFSCME PA CN 13 DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71921

Amount of Each Receipt this Period  
96.00

**C.** 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 Occupation  
AFSCME MI CN 25 EDITOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 353.57

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.71276

Amount of Each Receipt this Period  
50.51

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	173.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PHILIP W. HELMS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 4108 MENTON		<b>Transaction ID:</b> SA11A1.71939	
City State Zip Code FLINT MI 48507	Amount of Each Receipt this Period 50.51		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MI CN 25	Occupation EDITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 404.08		

<b>B.</b> Full Name (Last, First, Middle Initial) J DAVID HENDERSON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 20405 SPRING VALLEY ROAD		<b>Transaction ID:</b> SA11A1.71873	
City State Zip Code PITTSBURGH PA 15243	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>C.</b> Full Name (Last, First, Middle Initial) JOSE R. HERNANDEZ		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1847 Linda Rosa Ave		<b>Transaction ID:</b> SA11A1.71633	
City State Zip Code Los Angeles CA 90041	Amount of Each Receipt this Period 32.62		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Lead Organizer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 224.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	142.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 JOSE R. HERNANDEZ

Mailing Address 1847 Linda Rosa Ave

City State Zip Code  
 Los Angeles CA 90041

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

Name of Employer Occupation  
 AFSCME INT'L Lead Organizer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 257.48

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72130

Amount of Each Receipt this Period  
 32.62

**B.** Full Name (Last, First, Middle Initial)  
 ROGER M HICKSON

Mailing Address 10717 Haymarket Drive

City State Zip Code  
 Riverside CA 92503

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

Name of Employer Occupation  
 METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 317.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 2 / 2 0 0 6

**Transaction ID:** SA11A1.71535

Amount of Each Receipt this Period  
 15.00

**C.** Full Name (Last, First, Middle Initial)  
 ROGER M HICKSON

Mailing Address 10717 Haymarket Drive

City State Zip Code  
 Riverside CA 92503

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

Name of Employer Occupation  
 METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 332.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 4 / 2 0 0 6

**Transaction ID:** SA11A1.71990

Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	62.62
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
ROGER M HICKSON

Mailing Address 10717 Haymarket Drive

City State Zip Code  
Riverside CA 92503

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

Name of Employer Occupation  
METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 362.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2006

Transaction ID: SA11A1.72852

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
ELIZABETH C HO

Mailing Address 1511 Kalaniewai Street

City State Zip Code  
Honolulu HI 96821

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

Name of Employer Occupation  
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 286.31

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 14 / 2006

Transaction ID: SA11A1.71635

Amount of Each Receipt this Period  
48.05

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH C HO

Mailing Address 1511 Kalaniewai Street

City State Zip Code  
Honolulu HI 96821

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

Name of Employer Occupation  
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 327.21

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 27 / 2006

Transaction ID: SA11A1.72132

Amount of Each Receipt this Period  
40.90

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	118.95
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

Full Name (Last, First, Middle Initial) <b>A. MARGARET HOAK</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>605 LINCOLN AVENUE</b>		<b>Transaction ID: SA11A1.71883</b>	
City <b>WARREN</b>	State <b>PA</b>	Zip Code <b>16365</b>	Amount of Each Receipt this Period 59.54
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>REPRESENTATIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

Full Name (Last, First, Middle Initial) <b>B. CARLA INSINGA-MINSER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>C/O 4031 EXECUTIVE PARK DRIVE                  PA CN 13</b>		<b>Transaction ID: SA11A1.71831</b>	
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17111-1599</b>	Amount of Each Receipt this Period 63.70
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>STAFF REPRESENTATIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.80		

Full Name (Last, First, Middle Initial) <b>C. ANNE IRVING</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address <b>5243 N. LIND AVENUE</b>		<b>Transaction ID: SA11A1.71216</b>	
City <b>CHICAGO</b>	State <b>IL</b>	Zip Code <b>60630</b>	Amount of Each Receipt this Period 63.26
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>DIRECTOR OF PUBLIC POLICY</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.04		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	186.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. ANNE IRVING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 5243 N. LIND AVENUE		Transaction ID: SA11A1.72340
City CHICAGO	State IL	Zip Code 60630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.26
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF PUBLIC POLICY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.30	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM ISLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7708 Quest Lane		Transaction ID: SA11A1.71637
City Bowie	State MD	Zip Code 20720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.58
Name of Employer AFSCME INT'L	Occupation Assistant Director, General Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.86	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM ISLER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 7708 Quest Lane		Transaction ID: SA11A1.72133
City Bowie	State MD	Zip Code 20720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.84
Name of Employer AFSCME INT'L	Occupation Assistant Director, General Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	134.68
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 JAYNE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 3304 Alabama Avenue		Transaction ID: SA11A1.71638
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.14
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.42	

B. Full Name (Last, First, Middle Initial) EDWIN JAYNE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 3304 Alabama Avenue		Transaction ID: SA11A1.72134
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.34
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.76	

C. Full Name (Last, First, Middle Initial) PAMELA L JENKINS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 47604 Sandbank Square		Transaction ID: SA11A1.72135
City Sterling	State VA	Zip Code 20165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.75
Name of Employer AFSCME INT'L	Occupation Executive Office Assistant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	152.23
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) FRANK X JEREZ		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 460 Center Street Apt# 3		<b>Transaction ID:</b> SA11A1.72136
City State Zip Code Nutley NJ 07110	Amount of Each Receipt this Period 28.50	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation Lead Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00	

<b>B.</b> Full Name (Last, First, Middle Initial) EMILY JOHNSON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 444 DRIFTWOOD DRIVE		<b>Transaction ID:</b> SA11A1.71224
City State Zip Code HOBART IN 46342	Amount of Each Receipt this Period 61.40	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation CONTRACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.60	

<b>C.</b> Full Name (Last, First, Middle Initial) EMILY JOHNSON		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 444 DRIFTWOOD DRIVE		<b>Transaction ID:</b> SA11A1.72347
City State Zip Code HOBART IN 46342	Amount of Each Receipt this Period 61.40	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation CONTRACT ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	151.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 / 224
	<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 ▼ 228.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 7 / 2 0 0 6

**Transaction ID:** SA11A1.71786

Amount of Each Receipt this Period  
 49.70

**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 ▼ 286.31

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71642

Amount of Each Receipt this Period  
 48.05

**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 ▼ 327.21

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72138

Amount of Each Receipt this Period  
 40.90

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>138.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. JUDY A JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 115 S Oak Street		Transaction ID: SA11A1.71643
City Falls Church	State VA	Zip Code 22046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 59.14
Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.42	

Full Name (Last, First, Middle Initial) <b>B. JUDY A JONES</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 115 S Oak Street		Transaction ID: SA11A1.72139
City Falls Church	State VA	Zip Code 22046
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.34
Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 402.76	

Full Name (Last, First, Middle Initial) <b>C. BLONDIE JORDAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 7811 Bay Cedar Drive		Transaction ID: SA11A1.71113
City Orlando	State FL	Zip Code 32835
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer AFSCME FL CN 79	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	159.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 / 224
	<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, QUALIFI- ED**

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

Mailing Address **11704 Bobs Ford Road**

City **Fairfax** State **VA** Zip Code **22030**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **481.62**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71644**

Amount of Each Receipt this Period  
**80.82**

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

Mailing Address **11704 Bobs Ford Road**

City **Fairfax** State **VA** Zip Code **22030**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.42**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72140**

Amount of Each Receipt this Period  
**68.80**

**C.** Full Name (Last, First, Middle Initial)  
**JANET KAIL**

Mailing Address **1034 COUNTRY CLUB ROAD**

City **CAMP HILL** State **PA** Zip Code **17011**

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 ▼ **370.64**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71832**

Amount of Each Receipt this Period  
**92.66**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>242.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. JASON KAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 29 N. Wacker Drive Suite 800		<b>Transaction ID: SA11A1.71244</b>
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 63.26
Name of Employer AFSCME IL CN 31	Occupation POLITICAL ACTION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.04	

Full Name (Last, First, Middle Initial) <b>B. JASON KAY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 29 N. Wacker Drive Suite 800		<b>Transaction ID: SA11A1.72366</b>
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 63.26
Name of Employer AFSCME IL CN 31	Occupation POLITICAL ACTION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.30	

Full Name (Last, First, Middle Initial) <b>C. DONALD KEELING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1645 HOMEWOOD AVENUE		<b>Transaction ID: SA11A1.71179</b>
City SPRINGFIELD	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 67.96
Name of Employer AFSCME IL CN 31	Occupation COLLECTIVE BARGAINING ADMN.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 271.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	194.48
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. DONALD KEELING</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>1645 HOMEWOOD AVENUE</b>		<b>Transaction ID: SA11A1.72303</b>	
City <b>SPRINGFIELD</b>	State <b>IL</b>	Zip Code <b>62704</b>	Amount of Each Receipt this Period 67.96
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>COLLECTIVE BARGAINING ADMN.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.80		

Full Name (Last, First, Middle Initial) <b>B. JANET KELLER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>RD 2, SWEDE HILL ROAD</b>		<b>Transaction ID: SA11A1.71833</b>	
City <b>RUSSELL</b>	State <b>PA</b>	Zip Code <b>16345</b>	Amount of Each Receipt this Period 71.48
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>STAFF SPECIALIST</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.92		

Full Name (Last, First, Middle Initial) <b>C. PEGGY KERMEEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address <b>609 3RD AVENUE</b>		<b>Transaction ID: SA11A1.71211</b>	
City <b>STERLING</b>	State <b>IL</b>	Zip Code <b>61081</b>	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	197.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. PEGGY KERMEEN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 609 3RD AVENUE		<b>Transaction ID: SA11A1.72335</b>	
City State Zip Code STERLING IL 61081	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10		

Full Name (Last, First, Middle Initial) <b>B. JILL KIELBLOCK</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 581 GOTZIAN STREET		<b>Transaction ID: SA11A1.71409</b>	
City State Zip Code ST. PAUL MN 55106	Amount of Each Receipt this Period 63.20		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.42		

Full Name (Last, First, Middle Initial) <b>C. PAULA R. KING</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 3S109 Sequoia Drive		<b>Transaction ID: SA11A1.71226</b>	
City State Zip Code Glen Ellyn IL 60137	Amount of Each Receipt this Period 61.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	182.80
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**PAULA R. KING**

Mailing Address **3S109 Sequoia Drive**

City **Glen Ellyn** State **IL** Zip Code **60137**

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 ▼ **305.90**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72349**

Amount of Each Receipt this Period  
**61.18**

**B.** Full Name (Last, First, Middle Initial)  
**LYNNE C KIRK**

Mailing Address **17 Londonderry Ct.**

City **Cockhranville** State **PA** Zip Code **19330**

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 ▼ **254.80**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71834**

Amount of Each Receipt this Period  
**63.70**

**C.** Full Name (Last, First, Middle Initial)  
**R. MICHAEL KIRKPATRICK**

Mailing Address **6131 MIFFLIN AVENUE**

City **HARRISBURG** State **PA** Zip Code **17111**

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

Name of Employer **AFSCME PA CN 13** Occupation **DIRECTOR OF GRIEVANCE DEPT.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.04**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71835**

Amount of Each Receipt this Period  
**83.76**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>208.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
SHIRLEY KIRKWOOD

Mailing Address 1232 WINDING WAY

City State Zip Code  
TOBYHANNA PA 18466

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

Name of Employer Occupation  
AFSCME PA CN 13 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71899

Amount of Each Receipt this Period  
59.54

**B.** Full Name (Last, First, Middle Initial)  
JOHN C KITOS

Mailing Address 18323 Bechard Avenue

City State Zip Code  
Cerritos CA 90703

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

Name of Employer Occupation  
METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.71536

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN C KITOS

Mailing Address 18323 Bechard Avenue

City State Zip Code  
Cerritos CA 90703

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

Name of Employer Occupation  
METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.71991

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	79.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 JOHN C KITOS

Mailing Address 18323 Bechard Avenue

City State Zip Code  
 Cerritos CA 90703

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

Name of Employer Occupation  
 METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

**Transaction ID:** SA11A1.72853

Amount of Each Receipt this Period  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
 JOSEPH KLEMAN

Mailing Address c/o 4031 EXECUTIVE PARK DRIVE  
 PA CN 13

City State Zip Code  
 HARRISBURG PA 17111-1599

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

Name of Employer Occupation  
 AFSCME PA CN 13 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.21

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.71881

Amount of Each Receipt this Period  
 68.46

**C.** Full Name (Last, First, Middle Initial)  
 CAROLYN KLINGLESMITH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code  
 Louisville KY 40272

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

Name of Employer Occupation  
 AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 266.09

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71645

Amount of Each Receipt this Period  
 45.37

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>133.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code  
Louisville KY 40272

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

Name of Employer Occupation  
AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 27 / 2006

Transaction ID: SA11A1.72141

Amount of Each Receipt this Period  
38.75

**B.** Full Name (Last, First, Middle Initial)  
NANCY KNEPP

Mailing Address 150 South 43rd Street, Suite #2

City State Zip Code  
Harrisburg PA 17111-5708

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

Name of Employer Occupation  
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 18 / 2006

Transaction ID: SA11A1.71917

Amount of Each Receipt this Period  
59.54

**C.** Full Name (Last, First, Middle Initial)  
MARCIA R. KNOX

Mailing Address 1660 NEWTON AVENUE

City State Zip Code  
DAYTON OH 45406

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

Name of Employer Occupation  
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 319.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 17 / 2006

Transaction ID: SA11A1.71785

Amount of Each Receipt this Period  
79.88

**SUBTOTAL** of Receipts This Page (optional) ..... ► **178.17**

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. STEVE KOFFROTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 17824 Autry Ct		<b>Transaction ID: SA11A1.71526</b>	
City State Zip Code Chino Hills CA 91709		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CA LOC 1902 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. STEVE KOFFROTH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 17824 Autry Ct		<b>Transaction ID: SA11A1.71981</b>	
City State Zip Code Chino Hills CA 91709		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CA LOC 1902 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. KERRY KORPI</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 8913 First Avenue		<b>Transaction ID: SA11A1.71646</b>	
City State Zip Code Silver Spring MD 20910		Amount of Each Receipt this Period 75.78	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L DIRECTOR, RESEARCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 451.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	115.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 224
	<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, QUALIFI-  
 ED**

<b>A.</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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.72142 Amount of Each Receipt this Period 64.51
Name of Employer Occupation AFSCME INT'L DIRECTOR, RESEARCH Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 516.07		

<b>B.</b> Full Name (Last, First, Middle Initial) STEVEN KREISBERG Mailing Address 9954 Whitewater Drive City State Zip Code Burke VA 22015 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71647 Amount of Each Receipt this Period 59.14
Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, RESEARCH Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 352.42		

<b>C.</b> Full Name (Last, First, Middle Initial) STEVEN KREISBERG Mailing Address 9954 Whitewater Drive City State Zip Code Burke VA 22015 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.72143 Amount of Each Receipt this Period 50.34
Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, RESEARCH Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 402.76		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>173.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) BARBARA KREMP		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 302 DONNELLY AVENUE		<b>Transaction ID:</b> SA11A1.71907	
City State Zip Code ASTON PA 19014	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>B.</b> Full Name (Last, First, Middle Initial) THOMAS E KULIKOSKY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 400 Old Dominion Avenue		<b>Transaction ID:</b> SA11A1.71648	
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 50.29		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AUDITING MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.65		

<b>C.</b> Full Name (Last, First, Middle Initial) THOMAS E KULIKOSKY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 400 Old Dominion Avenue		<b>Transaction ID:</b> SA11A1.72144	
City State Zip Code Herndon VA 20170	Amount of Each Receipt this Period 42.81		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AUDITING MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.46		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	152.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**MATTHEW LABO**

Mailing Address **2201 W. Touhy Avenue**

City **Chicago** State **IL** Zip Code **60645**

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 ▼ **233.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 05 / 2006**

**Transaction ID: SA11A1.71229**

Amount of Each Receipt this Period  
**58.42**

**B.** Full Name (Last, First, Middle Initial)  
**MATTHEW LABO**

Mailing Address **2201 W. Touhy Avenue**

City **Chicago** State **IL** Zip Code **60645**

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 ▼ **292.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72352**

Amount of Each Receipt this Period  
**58.42**

**C.** Full Name (Last, First, Middle Initial)  
**FRANCIS M. LALLY III**

Mailing Address **C/O 296 CHURCHMANS ROAD  
 DE CN 81**

City **NEW CASTLE** State **DE** Zip Code **19720**

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

Name of Employer **AFSCME DE CN 81** Occupation **STAFF REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **236.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 20 / 2006**

**Transaction ID: SA11A1.71869**

Amount of Each Receipt this Period  
**59.18**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>176.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. JOSE A JR. LA LUZ</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address <b>16 E 98 Street Apt 6F</b>		<b>Transaction ID: SA11A1.71649</b>																				
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10029</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>79.27</b>																				
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>Special Projects Manager</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>372.55</b>																					

Full Name (Last, First, Middle Initial) <b>B. JOSE A JR. LA LUZ</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	7		2	0	0	6													
Mailing Address <b>16 E 98 Street Apt 6F</b>		<b>Transaction ID: SA11A1.72145</b>																				
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10029</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>53.22</b>																				
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>Special Projects Manager</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>425.77</b>																					

Full Name (Last, First, Middle Initial) <b>C. SUSAN LANDER</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	4		2	0	0	6													
Mailing Address <b>385 First Avenue Apt #7-D</b>		<b>Transaction ID: SA11A1.71650</b>																				
City <b>New York</b>	State <b>NY</b>	Zip Code <b>10010</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>37.56</b>																				
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>REGIONAL FIELD ADMINISTRATOR</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>223.74</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>170.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. SUSAN LANDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 385 First Avenue Apt #7-D		<b>Transaction ID: SA11A1.72146</b>
City State Zip Code New York NY 10010	Amount of Each Receipt this Period 31.97	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.71	

Full Name (Last, First, Middle Initial) <b>B. SUE LEE-ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 7935 SW SANTOLINA PLACE		<b>Transaction ID: SA11A1.71310</b>
City State Zip Code BEAVERTON OR 97008	Amount of Each Receipt this Period 70.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OR CN 75	Occupation ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. ERIC N LEHTO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 2122 West 2nd Street #2		<b>Transaction ID: SA11A1.71410</b>
City State Zip Code Duluth MN 55086	Amount of Each Receipt this Period 64.22	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MN CN 5	Occupation DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. DINO LEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 9115 TURKEY HOLLOW ROAD		<b>Transaction ID: SA11A1.71202</b>
City State Zip Code TAYLOR RIDGE IL 61284-9646	Amount of Each Receipt this Period 60.18	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.45	

Full Name (Last, First, Middle Initial) <b>B. DINO LEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 9115 TURKEY HOLLOW ROAD		<b>Transaction ID: SA11A1.72326</b>
City State Zip Code TAYLOR RIDGE IL 61284-9646	Amount of Each Receipt this Period 60.18	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 302.63	

Full Name (Last, First, Middle Initial) <b>C. ANDERS LINDALL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 2524 West Hutchinson		<b>Transaction ID: SA11A1.71246</b>
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 51.74	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation Staff Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.96	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	172.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 / 224
	<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

Full Name (Last, First, Middle Initial) <b>A. ANDERS LINDALL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2524 West Hutchinson		<b>Transaction ID: SA11A1.72368</b>
City State Zip Code Chicago IL 60618	Amount of Each Receipt this Period 51.74	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation Staff Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.70	

Full Name (Last, First, Middle Initial) <b>B. DEBORAH LIPPINCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 535 BIRDWELL CHURCH LANE		<b>Transaction ID: SA11A1.71209</b>
City State Zip Code CREAL SPRINGS IL 62922	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68	

Full Name (Last, First, Middle Initial) <b>C. DEBORAH LIPPINCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 535 BIRDWELL CHURCH LANE		<b>Transaction ID: SA11A1.72333</b>
City State Zip Code CREAL SPRINGS IL 62922	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	168.58
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. KIP LOCKHART</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 139 Simpkins Drive		<b>Transaction ID: SA11A1.71375</b>	
City State Zip Code Bristol CT 06010		Amount of Each Receipt this Period 83.79	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CT CN 4 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.45	

Full Name (Last, First, Middle Initial) <b>B. LISABETH LONG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 4965 WYNNEWOOD ROAD		<b>Transaction ID: SA11A1.71837</b>	
City State Zip Code HARRISBURG PA 17109		Amount of Each Receipt this Period 79.18	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME PA CN 13 EDUCATION DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 316.72	

Full Name (Last, First, Middle Initial) <b>C. JAY K LOSOFSKY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address P. O. Box 7864		<b>Transaction ID: SA11A1.71537</b>	
City State Zip Code La Verne CA 91750		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation METRO WATER DIST. STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	172.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. JAY K LOSOFSKY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address P. O. Box 7864		<b>Transaction ID: SA11A1.71992</b>
City <b>La Verne</b>	State <b>CA</b>	Zip Code <b>91750</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer <b>METRO WATER DIST.</b>	Occupation <b>STAFF REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. JAY K LOSOFSKY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address P. O. Box 7864		<b>Transaction ID: SA11A1.72854</b>
City <b>La Verne</b>	State <b>CA</b>	Zip Code <b>91750</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer <b>METRO WATER DIST.</b>	Occupation <b>STAFF REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. CHARLES M LOVELESS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1112 Euclid Street NW		<b>Transaction ID: SA11A1.71651</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20009</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.78
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>DIRECTOR, LEGISLATION</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 451.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>105.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHARLES M LOVELESS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1112 Euclid Street NW		<b>Transaction ID: SA11A1.72147</b>	
City State Zip Code WASHINGTON DC 20009		Amount of Each Receipt this Period 64.51	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L DIRECTOR, LEGISLATION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 516.07	

Full Name (Last, First, Middle Initial) <b>B. SALVATORE LUCIANO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6	
Mailing Address 947 BUNKER HILL RD		<b>Transaction ID: SA11A1.71377</b>	
City State Zip Code WATERTOWN CT 06795		Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CT CN 4 EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 489.00	

Full Name (Last, First, Middle Initial) <b>C. SALVATORE LUCIANO</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 947 BUNKER HILL RD		<b>Transaction ID: SA11A1.72064</b>	
City State Zip Code WATERTOWN CT 06795		Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME CT CN 4 EXECUTIVE DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 502.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	227.51
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 224
	<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 LUCY

Mailing Address 1831 Sudbury Lane NW

City State Zip Code  
 WASHINGTON DC 20012

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

Name of Employer Occupation  
 AFSCME INT'L SECRETARY TREASURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 848.26

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71652

Amount of Each Receipt this Period  
 121.18

**B.** Full Name (Last, First, Middle Initial)  
 WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City State Zip Code  
 WASHINGTON DC 20012

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

Name of Employer Occupation  
 AFSCME INT'L SECRETARY TREASURER

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 969.44

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72148

Amount of Each Receipt this Period  
 121.18

**C.** 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 Occupation  
 AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 264.03

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71653

Amount of Each Receipt this Period  
 44.31

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>286.67</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. CHARLES LUNEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 425 Chaparral Creek #2724		Transaction ID: SA11A1.72149
City State Zip Code Hazelwood MO 63042	Amount of Each Receipt this Period 37.72	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.75	

Full Name (Last, First, Middle Initial) <b>B. JOHN A. LYALL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 383 ASHMOORE CIRCLE EAST		Transaction ID: SA11A1.71780
City State Zip Code POWELL OH 43065	Amount of Each Receipt this Period 105.32	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH CN 8	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 421.28	

Full Name (Last, First, Middle Initial) <b>C. RANDELL LYNCH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address P O Box 3311		Transaction ID: SA11A1.71248
City State Zip Code Peoria IL 61612	Amount of Each Receipt this Period 58.12	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	201.16
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) RANDELL LYNCH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address P O Box 3311		<b>Transaction ID:</b> SA11A1.72370	
City Peoria	State IL	Zip Code 61612	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.78		

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERTA LYNCH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 4650 N. HERMITAGE STREET		<b>Transaction ID:</b> SA11A1.71191	
City CHICAGO	State IL	Zip Code 60640	Amount of Each Receipt this Period 93.82
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 414.28		

<b>C.</b> Full Name (Last, First, Middle Initial) ROBERTA LYNCH		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 4650 N. HERMITAGE STREET		<b>Transaction ID:</b> SA11A1.72065	
City CHICAGO	State IL	Zip Code 60640	Amount of Each Receipt this Period 13.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 427.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.24
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
ROBERTA LYNCH

Mailing Address 4650 N. HERMITAGE STREET

City State Zip Code  
CHICAGO IL 60640

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

Name of Employer Occupation  
AFSCME IL CN 31 DEPUTY DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 521.10

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72315

Amount of Each Receipt this Period  
93.82

**B.** Full Name (Last, First, Middle Initial)  
LONIE MACCONNELL

Mailing Address C/O 4031 EXECUTIVE PARK DRIVE  
PA CN 13

City State Zip Code  
HARRISBURG PA 17111-1599

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

Name of Employer Occupation  
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 200.56

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71838

Amount of Each Receipt this Period  
50.14

**C.** Full Name (Last, First, Middle Initial)  
SCOTT MACKENZIE

Mailing Address 1445 Kirsten Street

City State Zip Code  
Reno NV 89503

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

Name of Employer Occupation  
AFSCME NV LOC 4041 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.72047

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	243.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 KATHRYN S. MALONE

Mailing Address **988 CIRCLE ON THE GREEN**

City **WORTHINGTON** State **OH** Zip Code **43235**

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

Name of Employer **AFSCME OH CN 8** Occupation **DIRECTOR OF PUBLIC AFFAIRS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.99**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 03 / 2006**

**Transaction ID: SA11A1.71010**

Amount of Each Receipt this Period  
**98.07**

**B.** Full Name (Last, First, Middle Initial)  
 RONALD 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 OH LOC 4** Occupation **DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 04 / 2006**

**Transaction ID: SA11A1.71086**

Amount of Each Receipt this Period  
**150.00**

**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 ▼ **232.92**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72150**

Amount of Each Receipt this Period  
**53.44**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>301.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 224
	<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)  
 MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City State Zip Code  
 Silver Spring MD 20906

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

Name of Employer Occupation  
 AFSCME INT'L ASSISTANT DIRECTOR, AUDITING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 352.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71655

Amount of Each Receipt this Period  
 59.14

**B.** Full Name (Last, First, Middle Initial)  
 MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City State Zip Code  
 Silver Spring MD 20906

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

Name of Employer Occupation  
 AFSCME INT'L ASSISTANT DIRECTOR, AUDITING

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 402.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72151

Amount of Each Receipt this Period  
 50.34

**C.** Full Name (Last, First, Middle Initial)  
 TED MANNA

Mailing Address 101 BRISTOL LANE

City State Zip Code  
 HOLLIDAYSBURG PA 16648

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

Name of Employer Occupation  
 AFSCME PA CN 13 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.16

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.71852

Amount of Each Receipt this Period  
 59.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>169.02</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. MICHAEL MARETTE</b>		Date of Receipt MM / DD / YYYY 04 / 14 / 2006
Mailing Address P.O. Box 314		Transaction ID: SA11A1.71656
City Charlestown	State WV	Zip Code 25414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.94
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, ORG & FIELD SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.48	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL MARETTE</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2006
Mailing Address P.O. Box 314		Transaction ID: SA11A1.72152
City Charlestown	State WV	Zip Code 25414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.18
Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, ORG & FIELD SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.66	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN MARINCEL</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2006
Mailing Address 247 KENNARD STREET		Transaction ID: SA11A1.71416
City ST. PAUL	State MN	Zip Code 55106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.20
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.42	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	161.32
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. ALIXETTA MARLOW</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address <b>3937 BLUEBERRY HOLLOW ROAD</b>		<b>Transaction ID: SA11A1.71087</b>	
City <b>GAHANNA</b>	State <b>OH</b>	Zip Code <b>43230</b>	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME OH LOC 4</b>	Occupation <b>ADMN. ASST. DIR. OF ACCTG.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY A MASSENGILL-BERNARDIN</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address <b>8000 BROOKPOINT PLACE</b>		<b>Transaction ID: SA11A1.71778</b>	
City <b>WESTERVILLE</b>	State <b>OH</b>	Zip Code <b>43081</b>	Amount of Each Receipt this Period 61.32
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME OH CN 8</b>	Occupation <b>ASSOCIATE COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.28		

Full Name (Last, First, Middle Initial) <b>C. CLYDE MAUK</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address <b>4842 BRIDGE LANE, APT. #1</b>		<b>Transaction ID: SA11A1.71136</b>	
City <b>MASON</b>	State <b>OH</b>	Zip Code <b>45050</b>	Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME OH LOC 4</b>	Occupation <b>REGIONAL DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	196.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 / 224
	<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, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) CLYDE MAUK		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 4842 BRIDGE LANE, APT. #1		<b>Transaction ID:</b> SA11A1.71089
City MASON State OH Zip Code 45050	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>B.</b> Full Name (Last, First, Middle Initial) JAMES MAUPIN, JR.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 535 BIRDWELL CHURCH LANE		<b>Transaction ID:</b> SA11A1.71208
City CREAL SPRINGS State IL Zip Code 62922	Amount of Each Receipt this Period 71.38	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.52	

<b>C.</b> Full Name (Last, First, Middle Initial) JAMES MAUPIN, JR.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 535 BIRDWELL CHURCH LANE		<b>Transaction ID:</b> SA11A1.72332
City CREAL SPRINGS State IL Zip Code 62922	Amount of Each Receipt this Period 71.38	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	232.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. ELISSA MCBRIDE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 9 Sherman Avenue		<b>Transaction ID: SA11A1.71657</b>
City State Zip Code Takoma Park MD 20912	Amount of Each Receipt this Period 97.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.14	

Full Name (Last, First, Middle Initial) <b>B. ELISSA MCBRIDE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 9 Sherman Avenue		<b>Transaction ID: SA11A1.72153</b>
City State Zip Code Takoma Park MD 20912	Amount of Each Receipt this Period 83.03	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.17	

Full Name (Last, First, Middle Initial) <b>C. BOYD B MCCAMISH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1004 Woodtown Dr.		<b>Transaction ID: SA11A1.71719</b>
City State Zip Code Gahanna OH 43230	Amount of Each Receipt this Period 40.75	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.77	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	221.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**BOYD B MCCAMISH**

Mailing Address **1004 Woodtown Dr.**

City **Gahanna** State **OH** Zip Code **43230**

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

Name of Employer **AFSCME INT'L** Occupation **AREA ORGANIZING DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.55**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72475**

Amount of Each Receipt this Period  
**34.78**

**B.** Full Name (Last, First, Middle Initial)  
**JAMES MCCANN**

Mailing Address **3421 EDEN STREET**

City **PHILADELPHIA** State **PA** Zip Code **19114**

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

Name of Employer **AFSCME PA CN 13** Occupation **REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.16**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71908**

Amount of Each Receipt this Period  
**59.54**

**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 ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71658**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>144.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 / 224
	<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)  
**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 ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72154**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**GARY MCCAULLEY**

Mailing Address **c/o 4031 EXECUTIVE PARK DRIVE  
 PA CN 13**

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 ▼ **238.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71839**

Amount of Each Receipt this Period  
**59.54**

**C.** Full Name (Last, First, Middle Initial)  
**TONY MCCUBBIN**

Mailing Address **7740 Cordova Road**

City **Erie** State **IL** Zip Code **61250**

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 ▼ **209.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 05 / 2006**

**Transaction ID: SA11A1.71239**

Amount of Each Receipt this Period  
**52.44**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>161.98</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. TONY MCCUBBIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 7740 Cordova Road		<b>Transaction ID: SA11A1.72362</b>	
City State Zip Code Erie IL 61250	Amount of Each Receipt this Period 52.44		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation Staff Representative		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.20		

Full Name (Last, First, Middle Initial) <b>B. BRIAN P MCDONNELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1322 Myron Street		<b>Transaction ID: SA11A1.71659</b>	
City State Zip Code Niskayuna NY 12309	Amount of Each Receipt this Period 43.94		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.80		

Full Name (Last, First, Middle Initial) <b>C. BRIAN P MCDONNELL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1322 Myron Street		<b>Transaction ID: SA11A1.72155</b>	
City State Zip Code Niskayuna NY 12309	Amount of Each Receipt this Period 37.40		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 299.20		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	133.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. GERALD MCENTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 800 25th Street NW Apt. #406		<b>Transaction ID: SA11A1.71660</b>
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 142.82	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.74	

Full Name (Last, First, Middle Initial) <b>B. GERALD MCENTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 800 25th Street NW Apt. #406		<b>Transaction ID: SA11A1.72156</b>
City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 142.82	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.56	

Full Name (Last, First, Middle Initial) <b>C. FREDERICK MCGRAW</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 1258 Summerset Way		<b>Transaction ID: SA11A1.71090</b>
City State Zip Code Pickerington OH 43147	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH LOC 4	Occupation EDUCATION & RESEARCH DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	360.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 224
	<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)  
LYNNE MCGRAW

Mailing Address 1258 SOMERSET WAY

City State Zip Code  
PICKERINGTON OH 43147

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

Name of Employer Occupation  
AFSCME OH LOC 4 DIRECTOR MEM. ACCTG.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.71091

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
THOMAS MCLAUGHLIN

Mailing Address 2056 CAMBRIDGE ROAD

City State Zip Code  
SPRINGFIELD IL 62704

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

Name of Employer Occupation  
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71201

Amount of Each Receipt this Period  
71.38

**C.** Full Name (Last, First, Middle Initial)  
THOMAS MCLAUGHLIN

Mailing Address 2056 CAMBRIDGE ROAD

City State Zip Code  
SPRINGFIELD IL 62704

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

Name of Employer Occupation  
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 356.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72325

Amount of Each Receipt this Period  
71.38

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	217.76
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. PETER M MCLINDEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 788 MILL RUN DRIVE		<b>Transaction ID: SA11A1.71777</b>	
City State Zip Code SUNBURY OH 43074		Amount of Each Receipt this Period 79.88	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH CN 8 ASSOCIATE COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.96	

Full Name (Last, First, Middle Initial) <b>B. ORAN MCMICHEAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2777 Northtowne Lane, Apt. 2088S		<b>Transaction ID: SA11A1.71661</b>	
City State Zip Code Reno NV 89512		Amount of Each Receipt this Period 48.05	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES, DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.31	

Full Name (Last, First, Middle Initial) <b>C. ORAN MCMICHEAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 2777 Northtowne Lane, Apt. 2088S		<b>Transaction ID: SA11A1.72157</b>	
City State Zip Code Reno NV 89512		Amount of Each Receipt this Period 40.90	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L AREA FIELD SERVICES, DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 327.21	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	168.83
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 224
	<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, QUALIFI- ED

**A.** 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 Occupation  
AFSCME INT'L ASST. TO SECRETARY TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 263.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.71662

Amount of Each Receipt this Period  
44.16

**B.** 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 Occupation  
AFSCME INT'L ASST. TO SECRETARY TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.72158

Amount of Each Receipt this Period  
37.59

**C.** Full Name (Last, First, Middle Initial)  
EDWARD MCNEIL

Mailing Address c/o 6800 N. HIGH STREET  
OH CN 8

City State Zip Code  
WORTHINGTON OH 43085-2512

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

Name of Employer Occupation  
AFSCME OH CN 8 REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.71281

Amount of Each Receipt this Period  
38.10

**SUBTOTAL** of Receipts This Page (optional) ..... ► **119.85**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWARD MCNEIL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address c/o 6800 N. HIGH STREET OH CN 8		<b>Transaction ID: SA11A1.71944</b>	
City State Zip Code WORTHINGTON OH 43085-2512		Amount of Each Receipt this Period 38.10	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH CN 8 REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 304.80	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P MEANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6	
Mailing Address 1012 Lamonette Street		<b>Transaction ID: SA11A1.71539</b>	
City State Zip Code Claremont CA 91711		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation METRO WATER DISTRICT STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL P MEANS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6	
Mailing Address 1012 Lamonette Street		<b>Transaction ID: SA11A1.71993</b>	
City State Zip Code Claremont CA 91711		Amount of Each Receipt this Period 15.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation METRO WATER DISTRICT STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	68.10
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL P MEANS**

Mailing Address **1012 Lamonette Street**

City **Claremont** State **CA** Zip Code **91711**

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

Name of Employer **METRO WATER DISTRICT** 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  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72832**

Amount of Each Receipt this Period  
**30.00**

**B.** Full Name (Last, First, Middle Initial)  
**GLEN MIDDLETON**

Mailing Address **5108 Yellowwood Ave**

City **Baltimore** State **MD** Zip Code **21209**

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 ▼ **382.48**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2006**

**Transaction ID: SA11A1.72066**

Amount of Each Receipt this Period  
**13.00**

**C.** Full Name (Last, First, Middle Initial)  
**BRAD L. MILLER**

Mailing Address **2288 DARLINGTON E. ROAD**

City **BELLVILLE** State **OH** Zip Code **44813-9271**

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 ▼ **233.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2006**

**Transaction ID: SA11A1.71775**

Amount of Each Receipt this Period  
**58.44**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>101.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
SCOTT D. MILLER

Mailing Address 2056 W HUTCHINSON, 2ND FL

City State Zip Code  
CHICAGO IL 60618

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

Name of Employer Occupation  
AFSCME IL CN 31 LEGAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.71240

Amount of Each Receipt this Period  
65.00

**B.** Full Name (Last, First, Middle Initial)  
SCOTT D. MILLER

Mailing Address 2056 W HUTCHINSON, 2ND FL

City State Zip Code  
CHICAGO IL 60618

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

Name of Employer Occupation  
AFSCME IL CN 31 LEGAL COUNSEL

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72363

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
TIMOTHY MILLER

Mailing Address 2724 PINE AVENUE

City State Zip Code  
ALTOONA PA 16601

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

Name of Employer Occupation  
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71853

Amount of Each Receipt this Period  
59.54

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	189.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**HAROLD F. MITCHELL**

Mailing Address **2048 MARLINDALE ROAD**

City **CLEVELAND HTS** State **OH** Zip Code **44118**

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 ▼ **363.52**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 17 / 2006**

**Transaction ID: SA11A1.71774**

Amount of Each Receipt this Period  
**90.88**

**B.** Full Name (Last, First, Middle Initial)  
**WILLARD P MIYAKE**

Mailing Address **227 Namokueha Street**

City **Honolulu** State **HI** Zip Code **96813**

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

Name of Employer **AFSCME HI Local 152** 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  
**04 / 11 / 2006**

**Transaction ID: SA11A1.71478**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**HARRY MOBLEY**

Mailing Address **C/O 4031 EXECUTIVE PARK DRIVE  
 C/O PA CN 13**

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 ▼ **238.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71909**

Amount of Each Receipt this Period  
**59.54**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.42</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
ERIC MOMBERGER

Mailing Address 1021 MANOR ROAD

City State Zip Code  
NEW KENSINGTON PA 15068

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

Name of Employer Occupation  
AFSCME PA CN 13 REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71874

Amount of Each Receipt this Period  
59.54

**B.** Full Name (Last, First, Middle Initial)  
KAREN MOMBERGER

Mailing Address 1021 MANOR ROAD

City State Zip Code  
NEW KENSINGTON PA 15068

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

Name of Employer Occupation  
AFSCME PA CN 13 REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.16

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71875

Amount of Each Receipt this Period  
59.54

**C.** Full Name (Last, First, Middle Initial)  
MARIE D. MONRAD

Mailing Address 1240 Peralta Avenue

City State Zip Code  
Berkeley CA 94706

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

Name of Employer Occupation  
AFSCME INT'L ASSOC. DIR. ORGANIZING/FIELD SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.42

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.71663

Amount of Each Receipt this Period  
59.14

**SUBTOTAL** of Receipts This Page (optional) ..... ► 178.22

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 224
	<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)  
 MARIE D. MONRAD

Mailing Address 1240 Peralta Avenue

City State Zip Code  
 Berkeley CA 94706

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

Name of Employer Occupation  
 AFSCME INT'L ASSOC. DIR. ORGANIZING/FIELD SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 402.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72159

Amount of Each Receipt this Period  
 50.34

**B.** Full Name (Last, First, Middle Initial)  
 LOUIS MONTEILH

Mailing Address 2383 Akers Mill Road #V6

City State Zip Code  
 Atlanta GA 30339

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

Name of Employer Occupation  
 AFSCME INT'L International Union Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 298.72

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72474

Amount of Each Receipt this Period  
 149.36

**C.** Full Name (Last, First, Middle Initial)  
 GEORGE MONTGOMERY

Mailing Address 6170 Bay Cpur

City State Zip Code  
 Waterford MI 48327

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

Name of Employer Occupation  
 AFSCME MI CN 25 PARLIAMENTARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.88

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 6 / 2 0 0 6

**Transaction ID:** SA11A1.71282

Amount of Each Receipt this Period  
 33.84

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	233.54
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 224
	<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, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) GEORGE MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 6170 Bay Cpurt		<b>Transaction ID:</b> SA11A1.71945
City State Zip Code Waterford MI 48327	Amount of Each Receipt this Period 33.84	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MI CN 25	Occupation PARLIAMENTARIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.72	

<b>B.</b> Full Name (Last, First, Middle Initial) RHONDA M. MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1602 Temperance		<b>Transaction ID:</b> SA11A1.71664
City State Zip Code Indianapolis IN 46203	Amount of Each Receipt this Period 31.97	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.15	

<b>C.</b> Full Name (Last, First, Middle Initial) RHONDA M. MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 1602 Temperance		<b>Transaction ID:</b> SA11A1.72160
City State Zip Code Indianapolis IN 46203	Amount of Each Receipt this Period 37.58	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.73	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	103.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. RUTH MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 6170 BAY COURT		<b>Transaction ID: SA11A1.71283</b>	
City WATERFORD	State MI	Zip Code 48327	Amount of Each Receipt this Period 33.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25	Occupation ADMINISTRATIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.88		

Full Name (Last, First, Middle Initial) <b>B. RUTH MONTGOMERY</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 6170 BAY COURT		<b>Transaction ID: SA11A1.71946</b>	
City WATERFORD	State MI	Zip Code 48327	Amount of Each Receipt this Period 33.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25	Occupation ADMINISTRATIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.72		

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS MOORE</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 79 Putnam Street		<b>Transaction ID: SA11A1.71665</b>	
City San Francisco	State CA	Zip Code 94110	Amount of Each Receipt this Period 50.88
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	118.56
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS MOORE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 79 Putnam Street		Transaction ID: SA11A1.72161	
City San Francisco	State CA	Zip Code 94110	Amount of Each Receipt this Period 43.98
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 344.22		

Full Name (Last, First, Middle Initial) <b>B. PATRICK G MORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 415 U Street, NW		Transaction ID: SA11A1.71667	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 44.31
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.03		

Full Name (Last, First, Middle Initial) <b>C. PATRICK G MORAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 415 U Street, NW		Transaction ID: SA11A1.72162	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 37.72
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 301.75		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	126.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 224
	<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, QUALIFI- ED**

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL B MORRELL		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 8446 Grafton Ave S		<b>Transaction ID:</b> SA11A1.71415
City State Zip Code Cottage Grove MN 55016	Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b> Full Name (Last, First, Middle Initial) JEANNE MORRIS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		<b>Transaction ID:</b> SA11A1.71841
City State Zip Code HARRISBURG PA 17111-1599	Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16	

<b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA MOSS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 9583 DUCAN PLAINS ROAD		<b>Transaction ID:</b> SA11A1.71772
City State Zip Code JOHNSTOWN OH 43031-9305	Amount of Each Receipt this Period 118.46	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH CN 8	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 512.84	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	253.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) PATRICIA MOSS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 9583 DUCAN PLAINS ROAD		<b>Transaction ID:</b> SA11A1.72067	
City JOHNSTOWN      State OH      Zip Code 43031-9305	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.84		

<b>B.</b> Full Name (Last, First, Middle Initial) KEVIN J MOYER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 869 WEST SANDALWOOD		<b>Transaction ID:</b> SA11A1.71771	
City PERRYSBURG      State OH      Zip Code 43551	Amount of Each Receipt this Period 58.44		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.76		

<b>C.</b> Full Name (Last, First, Middle Initial) MICHELLE MULHERIN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 2462 CLEVELAND AVENUE		<b>Transaction ID:</b> SA11A1.71910	
City WEST WYOMISSING      State PA      Zip Code 19609	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.98
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEVEN C. MULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>544 CLERMONT DRIVE</b>		<b>Transaction ID: SA11A1.71918</b>	
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17112</b>	Amount of Each Receipt this Period 46.88
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 89</b>	Occupation <b>TRADES LABORER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.76		

Full Name (Last, First, Middle Initial) <b>B. STEVEN C. MULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>544 CLERMONT DRIVE</b>		<b>Transaction ID: SA11A1.72228</b>	
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17112</b>	Amount of Each Receipt this Period 45.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 89</b>	Occupation <b>TRADES LABORER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.76		

Full Name (Last, First, Middle Initial) <b>C. LAWRENCE MURIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>500 N. 26TH STREET</b>		<b>Transaction ID: SA11A1.71911</b>	
City <b>READING</b>	State <b>PA</b>	Zip Code <b>19606</b>	Amount of Each Receipt this Period 68.46
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>ASSISTANT DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 273.84		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.34
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. JAMES NEBLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 17635 GREENVIEW		<b>Transaction ID: SA11A1.71285</b>
City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48219</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.55
Name of Employer AFSCME MI CN 25	Occupation <b>ADMINISTRATIVE DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.85	

Full Name (Last, First, Middle Initial) <b>B. JAMES NEBLETT</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 17635 GREENVIEW		<b>Transaction ID: SA11A1.71948</b>
City <b>DETROIT</b>	State <b>MI</b>	Zip Code <b>48219</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.55
Name of Employer AFSCME MI CN 25	Occupation <b>ADMINISTRATIVE DIRECTOR</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 268.40	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA NELSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 2648 GARFIELD STREET NE		<b>Transaction ID: SA11A1.71417</b>
City <b>MINNEAPOLIS</b>	State <b>MN</b>	Zip Code <b>55418</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.78
Name of Employer AFSCME MN CN 14	Occupation <b>BUSINESS REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>127.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 130 / 224</span> (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**

<b>A.</b> Full Name (Last, First, Middle Initial) MATTHEW NELSON Mailing Address 3806 EDMUND BOULEVARD City State Zip Code MINNEAPOLIS, MN 55406 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME MN CN 14 BUSINESS REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">245.42</span>	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71419 Amount of Each Receipt this Period <span style="float: right;">63.20</span>
---	--

<b>B.</b> Full Name (Last, First, Middle Initial) JESSE NEWCOMER IV Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13 City State Zip Code HARRISBURG PA 17111-1599 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME PA CN 13 REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">254.80</span>	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71842 Amount of Each Receipt this Period <span style="float: right;">63.70</span>
--	--

<b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL NEWMAN Mailing Address 4031 N. HERMITAGE AVENUE City State Zip Code CHICAGO IL 60613 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Occupation AFSCME IL CN 31 ASSOCIATE DIRECTOR Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <span style="float: right;">327.12</span>	Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71190 Amount of Each Receipt this Period <span style="float: right;">81.78</span>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<span style="float: right;">208.68</span>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 / 224
	<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, QUALIFI- ED

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

Mailing Address 4031 N. HERMITAGE AVENUE

City State Zip Code  
CHICAGO IL 60613

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

Name of Employer Occupation  
AFSCME IL CN 31 ASSOCIATE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 408.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72314

Amount of Each Receipt this Period  
81.78

**B.** Full Name (Last, First, Middle Initial)  
JAMES B NILAND

Mailing Address 2728 Pleasant Ave

City State Zip Code  
South Minneapolis MN 55408

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

Name of Employer Occupation  
AFSCME MN CN 5 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.72

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.71418

Amount of Each Receipt this Period  
95.68

**C.** Full Name (Last, First, Middle Initial)  
BONITA NOLL

Mailing Address 5859 SHOPE PLACE

City State Zip Code  
HARRISBURG PA 17109

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

Name of Employer Occupation  
AFSCME PA CN 13 ASSISTANT DIRECTOR & MTG. COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.71843

Amount of Each Receipt this Period  
71.48

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	248.94
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. LORRAINE M O'HARA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 5308 Wehawken Road		<b>Transaction ID: SA11A1.71668</b>	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 65.02		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, PEOPLE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 387.40		

Full Name (Last, First, Middle Initial) <b>B. LORRAINE M O'HARA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 5308 Wehawken Road		<b>Transaction ID: SA11A1.72163</b>	
City State Zip Code Bethesda MD 20816	Amount of Each Receipt this Period 55.35		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, PEOPLE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75		

Full Name (Last, First, Middle Initial) <b>C. TRAVIS OHM</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 4031 Executive Park Drive		<b>Transaction ID: SA11A1.71844</b>	
City State Zip Code Harrisburg PA 17111-1599	Amount of Each Receipt this Period 52.70		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.80		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 133 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. RUSSELL K. OKATA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 1 / 2 0 0 6	
Mailing Address 1015 Wilder Avenue #203		<b>Transaction ID: SA11A1.71480</b>	
City State Zip Code Honolulu HI 96822-2655	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME HI LOC 152	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.00		

Full Name (Last, First, Middle Initial) <b>B. RUSSELL K. OKATA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 1015 Wilder Avenue #203		<b>Transaction ID: SA11A1.72070</b>	
City State Zip Code Honolulu HI 96822-2655	Amount of Each Receipt this Period 13.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME HI LOC 152	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 552.00		

Full Name (Last, First, Middle Initial) <b>C. SUSAN M. OSTHUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 5200 DEERWOOD LAKE DRIVE		<b>Transaction ID: SA11A1.71235</b>	
City State Zip Code SPRINGFIELD IL 62703	Amount of Each Receipt this Period 65.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	178.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. SUSAN M. OSTHUS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>5200 DEERWOOD LAKE DRIVE</b>		<b>Transaction ID: SA11A1.72358</b>	
City <b>SPRINGFIELD</b>	State <b>IL</b>	Zip Code <b>62703</b>	Amount of Each Receipt this Period 65.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>LEGAL COUNSEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

Full Name (Last, First, Middle Initial) <b>B. VICTOR OSUNA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address <b>615 S. Second Street</b>		<b>Transaction ID: SA11A1.71247</b>	
City <b>Springfield</b>	State <b>IL</b>	Zip Code <b>62705-2328</b>	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68		

Full Name (Last, First, Middle Initial) <b>C. VICTOR OSUNA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>615 S. Second Street</b>		<b>Transaction ID: SA11A1.72369</b>	
City <b>Springfield</b>	State <b>IL</b>	Zip Code <b>62705-2328</b>	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>STAFF REPRESENTATIVE</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	181.84
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 224
	<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, QUALIFI- ED**

<b>A.</b> Full Name (Last, First, Middle Initial) GERALD OTTEN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 2905 Evergreen Way		<b>Transaction ID:</b> SA11A1.71669
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 41.72	
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.52	

<b>B.</b> Full Name (Last, First, Middle Initial) GERALD OTTEN		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 2905 Evergreen Way		<b>Transaction ID:</b> SA11A1.72164
City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 35.61	
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation Benefits Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.13	

<b>C.</b> Full Name (Last, First, Middle Initial) HAROLD PALMER, JR		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 7565 LIDDESDALE BLVD.		<b>Transaction ID:</b> SA11A1.71097
City State Zip Code BLACKLICK OH 43004	Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	167.33
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. RACHEL S S PANCIERA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 5210 Biddison Lane		<b>Transaction ID: SA11A1.72165</b>	
City State Zip Code Baltimore MD 21206	Amount of Each Receipt this Period 27.92		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Organizing Recruiter		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.78		

Full Name (Last, First, Middle Initial) <b>B. DEBORAH JO PATTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 29 N Wacker		<b>Transaction ID: SA11A1.71245</b>	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 63.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 248.02		

Full Name (Last, First, Middle Initial) <b>C. DEBORAH JO PATTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 29 N Wacker		<b>Transaction ID: SA11A1.72367</b>	
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 63.26		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 311.28		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	154.44
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 224
	<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, 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 **REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.16**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71854**

Amount of Each Receipt this Period  
**59.54**

**B.** Full Name (Last, First, Middle Initial)  
**LEWIS E PEEPLES**

Mailing Address **12178 St. Andrews Place, Apt. 105**

City **Miramar** State **FL** Zip Code **33025**

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 ▼ **286.31**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71671**

Amount of Each Receipt this Period  
**48.05**

**C.** Full Name (Last, First, Middle Initial)  
**LEWIS E PEEPLES**

Mailing Address **12178 St. Andrews Place, Apt. 105**

City **Miramar** State **FL** Zip Code **33025**

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

Name of Employer **AFSCME INT'L** Occupation **AREA FIELD SERVICES DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.21**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72166**

Amount of Each Receipt this Period  
**40.90**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>148.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIE L PELOTE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 351 Ross Way		Transaction ID: SA11A1.71672	
City State Zip Code Sacramento CA 95864	Amount of Each Receipt this Period 54.53		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.95		

Full Name (Last, First, Middle Initial) <b>B. WILLIE L PELOTE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 351 Ross Way		Transaction ID: SA11A1.72167	
City State Zip Code Sacramento CA 95864	Amount of Each Receipt this Period 46.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 371.37		

Full Name (Last, First, Middle Initial) <b>C. JOANNE M PELS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 300 Hardman Avenue South, Suite 3		Transaction ID: SA11A1.71421	
City State Zip Code South St. Paul MN 55075-2470	Amount of Each Receipt this Period 64.22		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MN CN 6	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	165.17
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) RANDOLPH P. PERREIRA		Date of Receipt M M / D D / Y Y Y Y Y 04 / 11 / 2006	
Mailing Address 1044 MOKUHANO STREET		<b>Transaction ID:</b> SA11A1.71481	
City State Zip Code HONOLULU HI 96825	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME HI LOCAL 152	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) ELIZABETH PERROW		Date of Receipt M M / D D / Y Y Y Y Y 04 / 14 / 2006	
Mailing Address 958 N. Harrison Street		<b>Transaction ID:</b> SA11A1.71674	
City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 42.98		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 256.10		

<b>C.</b> Full Name (Last, First, Middle Initial) ELIZABETH PERROW		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2006	
Mailing Address 958 N. Harrison Street		<b>Transaction ID:</b> SA11A1.72168	
City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 36.59		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.69		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	129.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. MICHAEL S. PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 313 SHERIDAN ROAD		Transaction ID: SA11A1.71230	
City WILMETTE	State IL	Zip Code 60091	Amount of Each Receipt this Period 63.26
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR EMP. INV. DEV. & TRAINING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.04		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL S. PERRY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 313 SHERIDAN ROAD		Transaction ID: SA11A1.72353	
City WILMETTE	State IL	Zip Code 60091	Amount of Each Receipt this Period 63.26
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR EMP. INV. DEV. & TRAINING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 316.30		

Full Name (Last, First, Middle Initial) <b>C. STEVAN P. PICKARD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 3325 CAPRICIO STREET NE		Transaction ID: SA11A1.71768	
City CANTON	State OH	Zip Code 44721-2702	Amount of Each Receipt this Period 56.56
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.24		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	183.08
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) RONALD W PITTS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2001-A Industrial Drive		<b>Transaction ID:</b> SA11A1.72312	
City State Zip Code Marion IL 62959	Amount of Each Receipt this Period 60.84		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36		

<b>B.</b> Full Name (Last, First, Middle Initial) KEVAN L. PLUMLEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 14039 ALLEN ROAD		<b>Transaction ID:</b> SA11A1.71227	
City State Zip Code CARTERVILLE IL 62918	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00		

<b>C.</b> Full Name (Last, First, Middle Initial) KEVAN L. PLUMLEE		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 14039 ALLEN ROAD		<b>Transaction ID:</b> SA11A1.72350	
City State Zip Code CARTERVILLE IL 62918	Amount of Each Receipt this Period 58.42		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 289.42		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	177.68
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 142 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) NICOLE R POLLARD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 9404 Nicklaus Lane		<b>Transaction ID:</b> SA11A1.71675
City State Zip Code Laurel MD 20708	Amount of Each Receipt this Period 51.70	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.08	

<b>B.</b> Full Name (Last, First, Middle Initial) NICOLE R POLLARD		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 9404 Nicklaus Lane		<b>Transaction ID:</b> SA11A1.72169
City State Zip Code Laurel MD 20708	Amount of Each Receipt this Period 44.01	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 352.09	

<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH POTOCKI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 17614 MANHATTEN ROAD		<b>Transaction ID:</b> SA11A1.71187
City State Zip Code ELWOOD IL 60421	Amount of Each Receipt this Period 61.04	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME ILCN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 244.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	156.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 143 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
KENNETH POTOCKI

Mailing Address 17614 MANHATTEN ROAD

City State Zip Code  
ELWOOD IL 60421

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 305.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72311

Amount of Each Receipt this Period  
61.04

**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 Occupation  
AFSCME TX LOC 1624 VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 355.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.72002

Amount of Each Receipt this Period  
20.00

**C.** 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 Occupation  
AFSCME TX LOC 1624 VICE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 0 6

Transaction ID: SA11A1.72072

Amount of Each Receipt this Period  
65.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	146.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. SALLY A POWLESS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 2410 WESTBROOK DRIVE		<b>Transaction ID: SA11A1.71767</b>	
City TOLEDO	State OH	Amount of Each Receipt this Period 79.88	
Zip Code 43613			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation LEAD STAFF ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.52		

Full Name (Last, First, Middle Initial) <b>B. ZOLLIE RAYNER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		<b>Transaction ID: SA11A1.71885</b>	
City HARRISBURG	State PA	Amount of Each Receipt this Period 59.54	
Zip Code 17111-1599			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.01		

Full Name (Last, First, Middle Initial) <b>C. TERRY REED</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 2737 Yellowrock Place		<b>Transaction ID: SA11A1.71676</b>	
City Hilliard	State OH	Amount of Each Receipt this Period 48.05	
Zip Code 43026			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 286.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	187.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 / 224
	<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)  
TERRY 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 ▼ 327.21

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.72170

Amount of Each Receipt this Period  
40.90

**B.** Full Name (Last, First, Middle Initial)  
ROBERT A REEVES SR.

Mailing Address 700 North Alameda Street #2-219

City Los Angeles State CA Zip Code 90012

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

Name of Employer METRO WATER DISTRICT 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  
0 4 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.71541

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
ROBERT A REEVES SR.

Mailing Address 700 North Alameda Street #2-219

City Los Angeles State CA Zip Code 90012

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

Name of Employer METRO WATER DISTRICT 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  
0 4 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.71995

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	60.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT A REEVES SR.**

Mailing Address **700 North Alameda Street  
 #2-219**

City **Los Angeles** State **CA** Zip Code **90012**

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

Name of Employer **METRO WATER DISTRICT** 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  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72857**

Amount of Each Receipt this Period  
**20.00**

**B.** 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 ▼ **387.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71677**

Amount of Each Receipt this Period  
**65.02**

**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 ▼ **442.75**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72171**

Amount of Each Receipt this Period  
**55.35**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
 DEAN REYNOLDS, III

Mailing Address R. R. 1 , BOX 512

City State Zip Code  
 JERSEY SHORE PA 17740

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

Name of Employer Occupation  
 AFSCME PA CN 13 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 238.16

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 8 / 2 0 0 6

**Transaction ID:** SA11A1.71891

Amount of Each Receipt this Period  
 59.54

**B.** Full Name (Last, First, Middle Initial)  
 LISA RICE

Mailing Address 1456 Greenmont Court

City State Zip Code  
 Reston VA 20190

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

Name of Employer Occupation  
 AFSCME INT'L PROJECT COORDINATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 229.86

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71678

Amount of Each Receipt this Period  
 38.58

**C.** Full Name (Last, First, Middle Initial)  
 LISA RICE

Mailing Address 1456 Greenmont Court

City State Zip Code  
 Reston VA 20190

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

Name of Employer Occupation  
 AFSCME INT'L PROJECT COORDINATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 262.70

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72172

Amount of Each Receipt this Period  
 32.84

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>130.96</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 / 224
	<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, QUALIFI-  
 ED**

<b>A.</b> Full Name (Last, First, Middle Initial) PETER RICKERT		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 722 E. FRONT STREET		<b>Transaction ID:</b> SA11A1.71892
City State Zip Code DANVILLE PA 17821	Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16	

<b>B.</b> Full Name (Last, First, Middle Initial) DIANE RIGOTTI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6
Mailing Address 304 E. MAPLE ROAD		<b>Transaction ID:</b> SA11A1.71286
City State Zip Code BANCROFT MI 48414	Amount of Each Receipt this Period 38.10	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MI CN 25	Occupation SPECIAL ASSISTANT TO THE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.70	

<b>C.</b> Full Name (Last, First, Middle Initial) DIANE RIGOTTI		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 304 E. MAPLE ROAD		<b>Transaction ID:</b> SA11A1.71949
City State Zip Code BANCROFT MI 48414	Amount of Each Receipt this Period 38.10	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MI CN 25	Occupation SPECIAL ASSISTANT TO THE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	135.74
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. THOMAS J. RITCHIE, JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 17 / 2006	
Mailing Address <b>1644 SPAULDING ROAD</b>		<b>Transaction ID: SA11A1.71765</b>	
City State Zip Code <b>DAYTON OH 45432</b>		Amount of Each Receipt this Period 90.12	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME OH CN 8 REGIONAL DIRECTOR</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.48	

Full Name (Last, First, Middle Initial) <b>B. CLAUDIA ROBERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 05 / 2006	
Mailing Address <b>7340 S. YATES 2ND FLOOR</b>		<b>Transaction ID: SA11A1.71186</b>	
City State Zip Code <b>CHICAGO IL 60649</b>		Amount of Each Receipt this Period 81.78	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME IL CN 31 REGIONAL DIRECTOR</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 327.12	

Full Name (Last, First, Middle Initial) <b>C. CLAUDIA ROBERSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 28 / 2006	
Mailing Address <b>7340 S. YATES 2ND FLOOR</b>		<b>Transaction ID: SA11A1.72310</b>	
City State Zip Code <b>CHICAGO IL 60649</b>		Amount of Each Receipt this Period 81.78	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME IL CN 31 REGIONAL DIRECTOR</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 408.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>253.68</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M. ROBERTS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 1115 Wisconsin Blvd APT# B		<b>Transaction ID: SA11A1.71764</b>
City State Zip Code Dayton OH 45408	Amount of Each Receipt this Period 56.56	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.24	

Full Name (Last, First, Middle Initial) <b>B. YVONNE ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1116 W. MARQUETTE ROAD 3RD FLOOR		<b>Transaction ID: SA11A1.71215</b>
City State Zip Code CHICAGO IL 60621	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68	

Full Name (Last, First, Middle Initial) <b>C. YVONNE ROBINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1116 W. MARQUETTE ROAD 3RD FLOOR		<b>Transaction ID: SA11A1.72339</b>
City State Zip Code CHICAGO IL 60621	Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.40
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. LYNN ANN RODENHUIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 9135 Cowenton Avenue		<b>Transaction ID: SA11A1.71682</b>	
City State Zip Code Perry Hall MD 21128	Amount of Each Receipt this Period 44.16		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 258.98		

Full Name (Last, First, Middle Initial) <b>B. LYNN ANN RODENHUIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 9135 Cowenton Avenue		<b>Transaction ID: SA11A1.72176</b>	
City State Zip Code Perry Hall MD 21128	Amount of Each Receipt this Period 37.72		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 296.70		

Full Name (Last, First, Middle Initial) <b>C. LAWRENCE ROEHRIG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 3206 BRANDON STREET		<b>Transaction ID: SA11A1.71287</b>	
City State Zip Code FLINT MI 48504	Amount of Each Receipt this Period 49.98		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MI CN 25	Occupation SECRETARY - TREASURER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 349.86		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	131.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**LAWRENCE ROEHRIG**

Mailing Address **3206 BRANDON STREET**

City **FLINT** State **MI** Zip Code **48504**

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 ▼ **399.84**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 20 / 2006**

**Transaction ID: SA11A1.71950**

Amount of Each Receipt this Period  
**49.98**

**B.** 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 ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 04 / 2006**

**Transaction ID: SA11A1.71098**

Amount of Each Receipt this Period  
**75.00**

**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 ▼ **447.81**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71683**

Amount of Each Receipt this Period  
**75.67**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 153 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
**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 ▼ **512.32**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72177**

Amount of Each Receipt this Period  
**64.51**

**B.** Full Name (Last, First, Middle Initial)  
**JOYCE L ROONEY**

Mailing Address **13080 Dronfield Avenue #73**

City **Sylmar** State **CA** Zip Code **91342**

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 ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72212**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**JAMES ROSCOE**

Mailing Address **205 FIFTH STREET SWAN PLAN**

City **BROWNSVILLE** State **PA** Zip Code **15417**

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

Name of Employer **AFSCME PA CN 13** Occupation **REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.16**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71876**

Amount of Each Receipt this Period  
**59.54**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>149.05</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL ROSS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 9432 S. HARDING		<b>Transaction ID:</b> SA11A1.71231	
City EVERGREEN PARK	State IL	Zip Code 60805	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.68		

<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL ROSS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 9432 S. HARDING		<b>Transaction ID:</b> SA11A1.72354	
City EVERGREEN PARK	State IL	Zip Code 60805	Amount of Each Receipt this Period 58.42
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 292.10		

<b>C.</b> Full Name (Last, First, Middle Initial) JOSEPH K. ROWE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 34 LAKESIDE DRIVE		<b>Transaction ID:</b> SA11A1.71845	
City HONESDALE	State PA	Zip Code 18431	Amount of Each Receipt this Period 68.46
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.23		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	185.30
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. JOSEPH RUGOLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 4771 POWDERHORN LANE		<b>Transaction ID: SA11A1.71100</b>
City WESTERVILLE	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 579.00	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH RUGOLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 4771 POWDERHORN LANE		<b>Transaction ID: SA11A1.72075</b>
City WESTERVILLE	State OH	Zip Code 43081
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 13.00
Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 592.00	

Full Name (Last, First, Middle Initial) <b>C. LISABETH L. RYDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1514 Peralta Street		<b>Transaction ID: SA11A1.71684</b>
City Oakland	State CA	Zip Code 94607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 31.97
Name of Employer AFSCME INT'L	Occupation REGIONAL FIELD ADMINISTRATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	224.97
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. LISABETH L. RYDER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1514 Peralta Street		<b>Transaction ID: SA11A1.72178</b>	
City State Zip Code Oakland CA 94607		Amount of Each Receipt this Period 31.97	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L REGIONAL FIELD ADMINISTRATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.12	

Full Name (Last, First, Middle Initial) <b>B. GEORGE SACHARIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 126 S. LYNN BLVD.		<b>Transaction ID: SA11A1.71912</b>	
City State Zip Code UPPER DARBY PA 19082		Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME PA CN 13 REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.16	

Full Name (Last, First, Middle Initial) <b>C. JODI R SAKOL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1511 22nd Street NW Apt 23		<b>Transaction ID: SA11A1.71685</b>	
City State Zip Code Washington DC 20037		Amount of Each Receipt this Period 57.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, PUBLIC AFFAIRS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	149.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. JODI R SAKOL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 1511 22nd Street NW Apt 23		<b>Transaction ID: SA11A1.72179</b>	
City Washington      State DC      Zip Code 20037	Amount of Each Receipt this Period 50.21		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.25		

Full Name (Last, First, Middle Initial) <b>B. KENNETH SALTZ</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 1216 20TH STREET S.W.		<b>Transaction ID: SA11A1.72605</b>	
City MASSILLON      State OH      Zip Code 44647	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

Full Name (Last, First, Middle Initial) <b>C. WILLIAM SAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 6200 Garber Road		<b>Transaction ID: SA11A1.71763</b>	
City Clayton      State OH      Zip Code 45415	Amount of Each Receipt this Period 79.88		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.09
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**WILLIAM SARVER**

Mailing Address **1804 S. COUNTRY CLUB ROAD**

City **DECATUR** State **IL** Zip Code **62521**

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

Name of Employer **AFSCME IL CN 31** Occupation **BUSINESS MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 05 / 2006**

**Transaction ID: SA11A1.71200**

Amount of Each Receipt this Period  
**72.94**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM SARVER**

Mailing Address **1804 S. COUNTRY CLUB ROAD**

City **DECATUR** State **IL** Zip Code **62521**

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

Name of Employer **AFSCME IL CN 31** Occupation **BUSINESS MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **364.70**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72324**

Amount of Each Receipt this Period  
**72.94**

**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 ▼ **590.13**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71687**

Amount of Each Receipt this Period  
**99.03**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>244.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. LEE ALAN SAUNDERS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 7510 Alaska Avenue NW		<b>Transaction ID: SA11A1.72181</b>	
City State Zip Code WASHINGTON DC 20012	Amount of Each Receipt this Period 84.30		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASSISTANT TO PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.43		

Full Name (Last, First, Middle Initial) <b>B. BELINDA C SAVERINO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 11007 Pompey Drive		<b>Transaction ID: SA11A1.71688</b>	
City State Zip Code Upper Malboro MD 20772	Amount of Each Receipt this Period 48.44		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.62		

Full Name (Last, First, Middle Initial) <b>C. BELINDA C SAVERINO</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 11007 Pompey Drive		<b>Transaction ID: SA11A1.72182</b>	
City State Zip Code Upper Malboro MD 20772	Amount of Each Receipt this Period 41.23		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ADMINISTRATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 329.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	173.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 / 224
	<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)  
**LORELEI SCAFARO**

Mailing Address **C/O 29 N. WACKER DRIVE SUITE 800  
 IL CN 31**

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 ▼ **236.40**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72306**

Amount of Each Receipt this Period  
**47.28**

**B.** Full Name (Last, First, Middle Initial)  
**LAWRENCE SCANLON**

Mailing Address **1108 Duke Street**

City **Alexandria** State **VA** Zip Code **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 ▼ **451.56**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71689**

Amount of Each Receipt this Period  
**75.78**

**C.** Full Name (Last, First, Middle Initial)  
**LAWRENCE SCANLON**

Mailing Address **1108 Duke Street**

City **Alexandria** State **VA** Zip Code **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 ▼ **516.07**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72183**

Amount of Each Receipt this Period  
**64.51**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>187.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 224
	<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, QUALIFI- ED

<b>A.</b> Full Name (Last, First, Middle Initial) PETER SCHMALZ Mailing Address 1227 N. RIDGELAND City OAK PARK State IL Zip Code 60302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71204 Amount of Each Receipt this Period 71.38
Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 285.52		

<b>B.</b> Full Name (Last, First, Middle Initial) PETER SCHMALZ Mailing Address 1227 N. RIDGELAND City OAK PARK State IL Zip Code 60302 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.72328 Amount of Each Receipt this Period 71.38
Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 356.90		

<b>C.</b> 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. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71690 Amount of Each Receipt this Period 75.78
Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 451.56		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>218.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES SCHMITZ</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 15237 Dufief Drive		Transaction ID: SA11A1.72184	
City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 64.51		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 516.07		

Full Name (Last, First, Middle Initial) <b>B. MARY SCHWANGER</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 419 VALLEY STREET		Transaction ID: SA11A1.71924	
City State Zip Code MARYSVILLE PA 17053	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

Full Name (Last, First, Middle Initial) <b>C. SHELLEY K SEEBERG</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 350 Napa Loop		Transaction ID: SA11A1.71691	
City State Zip Code Bismark ND 58504	Amount of Each Receipt this Period 41.97		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.11		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	166.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. SHELLEY K SEEBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 350 Napa Loop		<b>Transaction ID: SA11A1.72185</b>
City	State	Zip Code
Bismark	ND	58504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 35.73
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.84	

Full Name (Last, First, Middle Initial) <b>B. JOHN SEFERIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 1425 Foxhall Road NW		<b>Transaction ID: SA11A1.71692</b>
City	State	Zip Code
WASHINGTON	DC	20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 89.88
Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 535.62	

Full Name (Last, First, Middle Initial) <b>C. JOHN SEFERIAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 1425 Foxhall Road NW		<b>Transaction ID: SA11A1.72186</b>
City	State	Zip Code
WASHINGTON	DC	20007
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.51
Name of Employer AFSCME INT'L	Occupation CHAIRPERSON, JUDICIAL PANEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 612.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	202.12
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**ELIOT A SEIDE**

Mailing Address **300 Hardman Avenue**

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 **DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **336.44**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 10 / 2006**

**Transaction ID: SA11A1.71422**

Amount of Each Receipt this Period  
**85.16**

**B.** 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 14** Occupation **ASSISTANT DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.14**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 10 / 2006**

**Transaction ID: SA11A1.71423**

Amount of Each Receipt this Period  
**70.34**

**C.** Full Name (Last, First, Middle Initial)  
**MICHELLE A SFORZA**

Mailing Address **415 U Street, NW**

City **Washington** State **DC** Zip Code **20001**

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

Name of Employer **AFSCME INT'L** Occupation **Asst Director, Office of Fid Svcs**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.50**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71693**

Amount of Each Receipt this Period  
**30.37**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.87</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 224
	<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, 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, Office of Fld Svcs**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **239.45**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72187**

Amount of Each Receipt this Period  
**21.95**

**B.** Full Name (Last, First, Middle Initial)  
**DOMINIC SGRO**

Mailing Address **144 STORMER ROAD**

City **INDIANA** State **PA** Zip Code **15701**

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

Name of Employer **AFSCME PA CN 13** Occupation **REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.08**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71855**

Amount of Each Receipt this Period  
**96.00**

**C.** Full Name (Last, First, Middle Initial)  
**DONALD G. SHAFFER**

Mailing Address **R. D. #5, BOX 82**

City **BROOKEVILLE** State **PA** Zip Code **15825-9501**

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

Name of Employer **AFSCME PA CN 85** Occupation **REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.72**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 18 / 2006**

**Transaction ID: SA11A1.71886**

Amount of Each Receipt this Period  
**59.54**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>177.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) STEVEN SHAFFER		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address R. D. 1, BOX 37		<b>Transaction ID:</b> SA11A1.71887	
City State Zip Code SIGEL PA 15860	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>B.</b> Full Name (Last, First, Middle Initial) MELISSA SIMONETTA		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 43845 Thornberry Square, Bldg 7, Apt. 212		<b>Transaction ID:</b> SA11A1.72188	
City State Zip Code Leesburg VA 20176	Amount of Each Receipt this Period 41.29		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Administrative Asst. II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 201.24		

<b>C.</b> Full Name (Last, First, Middle Initial) CAROL ANN SIMS		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 7337 S. SHORE DRIVE #724		<b>Transaction ID:</b> SA11A1.71183	
City State Zip Code CHICAGO IL 60649	Amount of Each Receipt this Period 60.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.72		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	161.01
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 167 / 224</span> (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**

<b>A.</b> Full Name (Last, First, Middle Initial) CAROL ANN SIMS Mailing Address 7337 S. SHORE DRIVE #724 City State Zip Code CHICAGO IL 60649 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.72307 Amount of Each Receipt this Period 60.18
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 300.90	

<b>B.</b> Full Name (Last, First, Middle Initial) ROBERTA J. SKOK Mailing Address 775 TOWNSHIP ROAD #2204 City State Zip Code PERRYSVILLE OH 44864 FEC ID number of contributing federal political committee. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71761 Amount of Each Receipt this Period 79.88
Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 319.52	

<b>C.</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. <b>C</b>	Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.71290 Amount of Each Receipt this Period 30.92
Name of Employer Occupation AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 216.44	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	<b>170.98</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 / 224
	<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, 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 Occupation  
 AFSCME MI CN 25 ASSISTANT TO THE PRESIDENT

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 247.36

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 0 / 2 0 0 6

**Transaction ID: SA11A1.71953**

Amount of Each Receipt this Period  
 30.92

**B.** Full Name (Last, First, Middle Initial)  
 DAVID SMITH

Mailing Address 621 CYPRESS

City State Zip Code  
 CHATHAM IL 62629

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

Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.72

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 5 / 2 0 0 6

**Transaction ID: SA11A1.71184**

Amount of Each Receipt this Period  
 60.18

**C.** Full Name (Last, First, Middle Initial)  
 DAVID SMITH

Mailing Address 621 CYPRESS

City State Zip Code  
 CHATHAM IL 62629

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

Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.90

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 8 / 2 0 0 6

**Transaction ID: SA11A1.72308**

Amount of Each Receipt this Period  
 60.18

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>151.28</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. NEFERTITI SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 2013 S. 16TH AVENUE		<b>Transaction ID: SA11A1.71206</b>	
City State Zip Code BROADVIEW IL 60155		Amount of Each Receipt this Period 56.42	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.68	

Full Name (Last, First, Middle Initial) <b>B. NEFERTITI SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 2013 S. 16TH AVENUE		<b>Transaction ID: SA11A1.72330</b>	
City State Zip Code BROADVIEW IL 60155		Amount of Each Receipt this Period 58.42	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.10	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER SMUDDE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1821 Clearview Drive		<b>Transaction ID: SA11A1.71237</b>	
City State Zip Code Springfield IL 62704		Amount of Each Receipt this Period 60.86	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 MIS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.12	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.70
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTOPHER SMUDDE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 1821 Clearview Drive		<b>Transaction ID:</b> SA11A1.72360	
City State Zip Code Springfield IL 62704	Amount of Each Receipt this Period 60.86		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation MIS SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.98		

<b>B.</b> Full Name (Last, First, Middle Initial) SHARON SOBER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 212 5TH STREET		<b>Transaction ID:</b> SA11A1.71893	
City State Zip Code CATAWISSA PA 17820	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

<b>C.</b> Full Name (Last, First, Middle Initial) DARRIN SPANN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 6130 Springford Drive		<b>Transaction ID:</b> SA11A1.71847	
City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 68.46		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.23		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	188.86
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. LARRY SPIVACK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address <b>733 S. LOMBARD</b>		<b>Transaction ID: SA11A1.71189</b>	
City <b>OAK PARK</b>	State <b>IL</b>	Zip Code <b>60304</b>	Amount of Each Receipt this Period 71.38
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>COLLECTIVE BARGAINING SUPERVISOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 285.52		

Full Name (Last, First, Middle Initial) <b>B. LARRY SPIVACK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>733 S. LOMBARD</b>		<b>Transaction ID: SA11A1.72313</b>	
City <b>OAK PARK</b>	State <b>IL</b>	Zip Code <b>60304</b>	Amount of Each Receipt this Period 71.38
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME IL CN 31</b>	Occupation <b>COLLECTIVE BARGAINING SUPERVISOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 356.90		

Full Name (Last, First, Middle Initial) <b>C. KAMALA B SRIKAR</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address <b>9908 Colebrook Avenue</b>		<b>Transaction ID: SA11A1.71696</b>	
City <b>Potomac</b>	State <b>MD</b>	Zip Code <b>20854</b>	Amount of Each Receipt this Period 41.83
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>MANAGER, MEETING &amp; TRAVEL</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.31		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	184.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 / 224
	<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, QUALIFI- ED**

<b>A.</b> Full Name (Last, First, Middle Initial) KAMALA B SRIKAR		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 9908 Colebrook Avenue		<b>Transaction ID:</b> SA11A1.72190	
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 35.61		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation MANAGER, MEETING & TRAVEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 284.92		

<b>B.</b> Full Name (Last, First, Middle Initial) MARIANNE STEGER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 2930 WOODSON DRIVE		<b>Transaction ID:</b> SA11A1.71758	
City State Zip Code HILLIARD OH 43026	Amount of Each Receipt this Period 81.66		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation DIRECTOR OF ADMINISTRATIVE SERVICES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.00		

<b>C.</b> Full Name (Last, First, Middle Initial) KATHY A. STEICHEN		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 830 W. 18TH STREET 3RD FL		<b>Transaction ID:</b> SA11A1.72351	
City State Zip Code CHICAGO IL 60608	Amount of Each Receipt this Period 47.48		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation PROJECT STAFF ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.40		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.75
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. STEVEN STOKES</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 1249 W. Chase		<b>Transaction ID: SA11A1.72355</b>	
City State Zip Code Chicago IL 60626	Amount of Each Receipt this Period 47.48		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.40		

Full Name (Last, First, Middle Initial) <b>B. WILLIAM STOUFFER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address 29B - 2ND STREET		<b>Transaction ID: SA11A1.71857</b>	
City State Zip Code NORTH IRWIN PA 15642	Amount of Each Receipt this Period 59.54		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.16		

Full Name (Last, First, Middle Initial) <b>C. RYNDA STOVER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 774 LARRI COURT		<b>Transaction ID: SA11A1.71103</b>	
City State Zip Code W. JEFFERSON OH 43162	Amount of Each Receipt this Period 75.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE ASST. TO EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	182.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. RYNDA STOVER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address <b>774 LARRI COURT</b>		<b>Transaction ID: SA11A1.72606</b>	
City <b>W. JEFFERSON</b>	State <b>OH</b>	Zip Code <b>43162</b>	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME OH LOC 4</b>	Occupation <b>EXECUTIVE ASST. TO EXECUTIVE DIRECTOR</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY J STRECKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address <b>1603 E STREET SE</b>		<b>Transaction ID: SA11A1.71698</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period 47.64
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>PROJECT MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.86		

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY J STRECKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address <b>1603 E STREET SE</b>		<b>Transaction ID: SA11A1.72192</b>	
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20003</b>	Amount of Each Receipt this Period 40.55
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>PROJECT MANAGER</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.41		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	118.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHELE-SUZANNE STREET</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 16808 Westbourne Terrace		<b>Transaction ID: SA11A1.72193</b>	
City State Zip Code Gaithersburg MD 20878	Amount of Each Receipt this Period 37.60		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation Administrative Assistant II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 207.52		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL E SUKAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 852 Darlington Drive		<b>Transaction ID: SA11A1.71700</b>	
City State Zip Code Avon IN 46123	Amount of Each Receipt this Period 50.16		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.08		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL E SUKAL</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 852 Darlington Drive		<b>Transaction ID: SA11A1.72194</b>	
City State Zip Code Avon IN 46123	Amount of Each Receipt this Period 42.81		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 337.89		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.57
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 176 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. MARY SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 61 WOODSIDE DRIVE		<b>Transaction ID: SA11A1.71002</b>	
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00		

Full Name (Last, First, Middle Initial) <b>B. MARY SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6	
Mailing Address 61 WOODSIDE DRIVE		<b>Transaction ID: SA11A1.71963</b>	
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00		

Full Name (Last, First, Middle Initial) <b>C. MARY SULLIVAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6	
Mailing Address 61 WOODSIDE DRIVE		<b>Transaction ID: SA11A1.72077</b>	
City ALBANY	State NY	Zip Code 12208	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 177 / 224
	<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, QUALIFI- ED**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY TAGGART</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 14 / 2006</b>
Mailing Address <b>12001 Market Street, Unit 450</b>		<b>Transaction ID: SA11A1.71701</b>
City <b>Reston</b>	State <b>VA</b>	Zip Code <b>20190</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>54.53</b>
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>ASSOCIATE DIRECTOR, ACCOUNTING</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>324.95</b>	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY TAGGART</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 27 / 2006</b>
Mailing Address <b>12001 Market Street, Unit 450</b>		<b>Transaction ID: SA11A1.72195</b>
City <b>Reston</b>	State <b>VA</b>	Zip Code <b>20190</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>46.42</b>
Name of Employer <b>AFSCME INT'L</b>	Occupation <b>ASSOCIATE DIRECTOR, ACCOUNTING</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>371.37</b>	

Full Name (Last, First, Middle Initial) <b>C. JAMES TAIT</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 18 / 2006</b>
Mailing Address <b>119 HELLS KITCHEN COURT</b>		<b>Transaction ID: SA11A1.71902</b>
City <b>DRUMS</b>	State <b>PA</b>	Zip Code <b>18222</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>59.54</b>
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>STAFF REPRESENTATIVE</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>238.16</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.49</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. MARY THEUER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 1328 E. 9th Street		<b>Transaction ID: SA11A1.71426</b>	
City State Zip Code Duluth MN 55805-1609	Amount of Each Receipt this Period 60.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MN CN 96	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. PATRICK S. THOMASSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 1347 MAROT DRIVE		<b>Transaction ID: SA11A1.71755</b>	
City State Zip Code TROTWOOD OH 45427	Amount of Each Receipt this Period 56.56		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation LEAD STAFF ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.24		

Full Name (Last, First, Middle Initial) <b>C. LYNN G. THOMASSON, SR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 5079 ALTRIM ROAD		<b>Transaction ID: SA11A1.71754</b>	
City State Zip Code DAYTON OH 45418-2015	Amount of Each Receipt this Period 58.44		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.76		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	175.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 / 224
	<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, QUALIFI- ED

**A.** Full Name (Last, First, Middle Initial)  
ROBERT L. THOMPSON

Mailing Address 927 GIBBS AVENUE NE

City State Zip Code  
CANTON OH 44705-1074

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

Name of Employer Occupation  
AFSCME OH CN 8 REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 319.52

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.71753

Amount of Each Receipt this Period  
79.88

**B.** Full Name (Last, First, Middle Initial)  
HELEN THORNTON

Mailing Address 500 N. Elmwood

City State Zip Code  
Oak Park IL 60302

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72374

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN THORSON

Mailing Address 555 SELBY AVENUE

City State Zip Code  
ST. PAUL MN 55102

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

Name of Employer Occupation  
AFSCME MN CN 14 POLITICAL ACTION REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.84

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.71425

Amount of Each Receipt this Period  
58.42

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	203.30
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. TAMARA L TOCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 321 E. 19th Street		<b>Transaction ID: SA11A1.71702</b>	
City State Zip Code Olympia WA 98501		Amount of Each Receipt this Period 40.86	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 243.48	

Full Name (Last, First, Middle Initial) <b>B. TAMARA L TOCHER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 321 E. 19th Street		<b>Transaction ID: SA11A1.72196</b>	
City State Zip Code Olympia WA 98501		Amount of Each Receipt this Period 34.78	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 278.26	

Full Name (Last, First, Middle Initial) <b>C. LEIGH TOMLINSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 9743 VERMONTVILLE HWY.		<b>Transaction ID: SA11A1.71292</b>	
City State Zip Code DIMONDALE MI 48821		Amount of Each Receipt this Period 34.33	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25		Occupation ACCTG. /HUMAN RESOURCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.31	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	109.97
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 224
	<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, QUALIFI-  
ED

Full Name (Last, First, Middle Initial) <b>A. LEIGH TOMLINSON</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 9743 VERMONTVILLE HWY.		Transaction ID: SA11A1.71955
City State Zip Code DIMONDALE MI 48821	Amount of Each Receipt this Period 34.33	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME MI CN 25	Occupation ACCTG. /HUMAN RESOURCE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.64	

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN TOPACIO-FLORES</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 7402 Edmondston Road		Transaction ID: SA11A1.71703
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 52.90	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PEOPLE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.27	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN TOPACIO-FLORES</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 7402 Edmondston Road		Transaction ID: SA11A1.72197
City State Zip Code College Park MD 20740	Amount of Each Receipt this Period 45.18	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PEOPLE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.45	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.41
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 / 224
	<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, QUALIFI- ED**

<b>A.</b> Full Name (Last, First, Middle Initial) DOROTHY TOWNSEND		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 6837 SW 39th Drive		<b>Transaction ID:</b> SA11A1.71704
City State Zip Code Miramar FL 33023	Amount of Each Receipt this Period 39.77	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation Area Field Service Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.99	

<b>B.</b> Full Name (Last, First, Middle Initial) DOROTHY TOWNSEND		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 6837 SW 39th Drive		<b>Transaction ID:</b> SA11A1.72198
City State Zip Code Miramar FL 33023	Amount of Each Receipt this Period 33.85	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation Area Field Service Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.84	

<b>C.</b> Full Name (Last, First, Middle Initial) CHERYL TYLER-FOLSOM		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6
Mailing Address 2331 FRANKLIN AVENUE		<b>Transaction ID:</b> SA11A1.71752
City State Zip Code TOLEDO OH 43620-1406	Amount of Each Receipt this Period 58.44	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 233.76	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	132.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 / 224
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) KAREN VALENTINE		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 154 STONEY DRIVE		<b>Transaction ID:</b> SA11A1.71870	
City State Zip Code DOVER DE 19904		Amount of Each Receipt this Period 59.18	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME DE CN 81 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.79	

<b>B.</b> Full Name (Last, First, Middle Initial) OSVALDO VALENZUELA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 6962 N. Hamilton Avenue #E		<b>Transaction ID:</b> SA11A1.71249	
City State Zip Code Chicago IL 60645		Amount of Each Receipt this Period 52.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 209.76	

<b>C.</b> Full Name (Last, First, Middle Initial) OSVALDO VALENZUELA		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address 6962 N. Hamilton Avenue #E		<b>Transaction ID:</b> SA11A1.72373	
City State Zip Code Chicago IL 60645		Amount of Each Receipt this Period 52.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.20	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	164.06
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. JOSE VERGARA</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	2		2	0	0	6													
Mailing Address <b>29231 Eastridge Drive</b>		<b>Transaction ID: SA11A1.71542</b>																				
City <b>Lake Forest</b>	State <b>CA</b>	Zip Code <b>92630</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>																				
Name of Employer <b>METRO WATER DISTRICT</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>220.00</b>																					

Full Name (Last, First, Middle Initial) <b>B. JOSE VERGARA</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	4		2	0	0	6													
Mailing Address <b>29231 Eastridge Drive</b>		<b>Transaction ID: SA11A1.71996</b>																				
City <b>Lake Forest</b>	State <b>CA</b>	Zip Code <b>92630</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>10.00</b>																				
Name of Employer <b>METRO WATER DISTRICT</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>230.00</b>																					

Full Name (Last, First, Middle Initial) <b>C. JOSE VERGARA</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	8		2	0	0	6													
Mailing Address <b>29231 Eastridge Drive</b>		<b>Transaction ID: SA11A1.72859</b>																				
City <b>Lake Forest</b>	State <b>CA</b>	Zip Code <b>92630</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>20.00</b>																				
Name of Employer <b>METRO WATER DISTRICT</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 185 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<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)  
AMANDA VESEY

Mailing Address 10005 Greene Avenue, NW

City State Zip Code  
Albuquerque NM 87114

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

Name of Employer Occupation  
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.71705

Amount of Each Receipt this Period  
41.91

**B.** Full Name (Last, First, Middle Initial)  
AMANDA VESEY

Mailing Address 10005 Greene Avenue, NW

City State Zip Code  
Albuquerque NM 87114

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

Name of Employer Occupation  
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 283.69

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.72199

Amount of Each Receipt this Period  
35.73

**C.** Full Name (Last, First, Middle Initial)  
FLORA M WALKER

Mailing Address 2492 Ram Crossingway

City State Zip Code  
Henderson NV 89074

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

Name of Employer Occupation  
AFSCME INT'L REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 387.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.71706

Amount of Each Receipt this Period  
65.02

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	142.66
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 / 224
	<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, QUALIFI- ED

Full Name (Last, First, Middle Initial) <b>A. FLORA M WALKER</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 2492 Ram Crossingway		<b>Transaction ID: SA11A1.72200</b>
City State Zip Code Henderson NV 89074	Amount of Each Receipt this Period 55.35	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.75	

Full Name (Last, First, Middle Initial) <b>B. DAVID WARRICK</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6
Mailing Address 2638 JAY COURT		<b>Transaction ID: SA11A1.72078</b>
City State Zip Code Indianapolis IN 46229	Amount of Each Receipt this Period 65.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME IN CN 62	Occupation UNION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>C. VERNON WATKINS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 5736 Showalter Court		<b>Transaction ID: SA11A1.71708</b>
City State Zip Code Rancho Cucamongo CA 91701	Amount of Each Receipt this Period 79.87	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASST. TO SECRETARY TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.93	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. VERNON WATKINS</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 5736 Showalter Court		<b>Transaction ID: SA11A1.72201</b>	
City State Zip Code Rancho Cucamongo CA 91701	Amount of Each Receipt this Period 67.99		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation EXECUTIVE ASST. TO SECRETARY TREASUER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 543.92		

Full Name (Last, First, Middle Initial) <b>B. LONITAM WAYBRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 3008 Athens Circle		<b>Transaction ID: SA11A1.71709</b>	
City State Zip Code Bowie MD 20716	Amount of Each Receipt this Period 51.67		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, BENEFITS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 307.87		

Full Name (Last, First, Middle Initial) <b>C. LONITAM WAYBRIGHT</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 3008 Athens Circle		<b>Transaction ID: SA11A1.72202</b>	
City State Zip Code Bowie MD 20716	Amount of Each Receipt this Period 43.98		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, BENEFITS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.85		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	163.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 224
	<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, QUALIFI-ED

Full Name (Last, First, Middle Initial) <b>A. JOANNE L. WEBB-GAUVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6
Mailing Address 1200 W. LAWRENCE #12		<b>Transaction ID: SA11A1.71233</b>
City SPRINGFIELD	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 56.70
Name of Employer AFSCME IL CN 31	Occupation RETIREE PROGRAMS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.80	

Full Name (Last, First, Middle Initial) <b>B. JOANNE L. WEBB-GAUVIN</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 1200 W. LAWRENCE #12		<b>Transaction ID: SA11A1.72356</b>
City SPRINGFIELD	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 56.70
Name of Employer AFSCME IL CN 31	Occupation RETIREE PROGRAMS DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.50	

Full Name (Last, First, Middle Initial) <b>C. DAVID G WEDDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 2737 Gainborough Drive		<b>Transaction ID: SA11A1.71543</b>
City San Marino	State CA	Zip Code 91108
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.00
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	123.40
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 189 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. DAVID G WEDDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 2737 Gainborough Drive		Transaction ID: SA11A1.71997
City State Zip Code San Marino CA 91108	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID G WEDDING</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6
Mailing Address 2737 Gainborough Drive		Transaction ID: SA11A1.72860
City State Zip Code San Marino CA 91108	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer METRO WATER DISTRICT	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. BRIAN V. WEEKS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 4 / 2 0 0 6
Mailing Address 8033 Exceisior Drive Apt. A		Transaction ID: SA11A1.71710
City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 39.43	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.97	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	69.43
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 / 224
	<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**

<b>A.</b> Full Name (Last, First, Middle Initial) BRIAN V. WEEKS		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 8033 Exceisor Drive Apt. A		<b>Transaction ID:</b> SA11A1.72203	
City State Zip Code Madison WI 53717		Amount of Each Receipt this Period 33.56	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L POLITICAL ACTION COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.53	

<b>B.</b> Full Name (Last, First, Middle Initial) JOSEPH WEIDNER		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 255 BINNS BOULEVARD		<b>Transaction ID:</b> SA11A1.71751	
City State Zip Code COLUMBUS OH 43204-2515		Amount of Each Receipt this Period 59.86	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH CN 8 EDITOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 232.16	

<b>C.</b> Full Name (Last, First, Middle Initial) LARRY P WEINBERG		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 4 / 2 0 0 6	
Mailing Address 1730 Chesterford Way		<b>Transaction ID:</b> SA11A1.71711	
City State Zip Code McLean VA 22101		Amount of Each Receipt this Period 99.03	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 590.13	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	192.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 191 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. LARRY P WEINBERG</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 1730 Chesterford Way		<b>Transaction ID: SA11A1.72204</b>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.30
Name of Employer AFSCME INT'L	Occupation GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 674.43	

Full Name (Last, First, Middle Initial) <b>B. RANDY WESTON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 1495 IRVIN - SHOOTS ROAD		<b>Transaction ID: SA11A1.71012</b>
City MORRAL	State OH	Zip Code 43337
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 110.61
Name of Employer AFSCME OHIO UNITED	Occupation ASSOCIATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.24	

Full Name (Last, First, Middle Initial) <b>C. DIANE WHITE-HARRIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 1142 WOLF RUN		<b>Transaction ID: SA11A1.71958</b>
City LANSING	State MI	Zip Code 48917
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.10
Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE SECRETARY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>221.01</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 192 / 224
	<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, QUALIFI-  
 ED**

Full Name (Last, First, Middle Initial) <b>A. ALFRED WHITING</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	8		2	0	0	6													
Mailing Address <b>c/o 4031 EXECUTIVE PARK DRIVE PA CN 13</b>		<b>Transaction ID: SA11A1.71849</b>																				
City <b>HARRISBURG</b>	State <b>PA</b>	Zip Code <b>17111-1599</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>59.54</b>																				
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>238.16</b>																					

Full Name (Last, First, Middle Initial) <b>B. BRYCE WICKSTROM</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		0	1		2	0	0	6													
Mailing Address <b>1267 MATILDA STREET</b>		<b>Transaction ID: SA11A1.72280</b>																				
City <b>ST PAUL</b>	State <b>MN</b>	Zip Code <b>55117-4473</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>176.00</b>																				
Name of Employer <b>MN CN 6/SO ST PAUL MN</b>	Occupation <b>RECORDING SECRETARY</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>264.00</b>																					

Full Name (Last, First, Middle Initial) <b>C. GUY WIEDERHOLD</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		1	8		2	0	0	6													
Mailing Address <b>906 LAUREL BOULEVARD</b>		<b>Transaction ID: SA11A1.71919</b>																				
City <b>POTTSVILLE</b>	State <b>PA</b>	Zip Code <b>17901</b>																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>59.54</b>																				
Name of Employer <b>AFSCME PA CN 13</b>	Occupation <b>STAFF REPRESENTATIVE</b>																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>238.16</b>																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>295.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 / 224
	<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, QUALIFI-  
 ED**

**A.** 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 Occupation  
 AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 299.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71712

Amount of Each Receipt this Period  
 50.29

**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 Occupation  
 AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 342.46

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 2 7 / 2 0 0 6

**Transaction ID:** SA11A1.72205

Amount of Each Receipt this Period  
 42.81

**C.** Full Name (Last, First, Middle Initial)  
 MICHAEL 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 Occupation  
 AFSCME INT'L Special Asst. to Secy-Treasurer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 282.92

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 4 / 2 0 0 6

**Transaction ID:** SA11A1.71713

Amount of Each Receipt this Period  
 47.48

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>140.58</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 / 224
	<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, QUALIFI-  
 ED**

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

Mailing Address **6800 Fleetwood Rd.  
 Apt. 1118**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer **AFSCME INT'L** Occupation **Special Asst. to Secry-Treasurer**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.34**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.72206**

Amount of Each Receipt this Period  
**40.42**

**B.** Full Name (Last, First, Middle Initial)  
**PHILLIP WILLIAMS**

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 ▼ **237.79**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 20 / 2006**

**Transaction ID: SA11A1.71871**

Amount of Each Receipt this Period  
**59.18**

**C.** Full Name (Last, First, Middle Initial)  
**ROGER M. WILLIAMS**

Mailing Address **3701 Beech Street NW, Apt 332**

City **Washington** State **DC** Zip Code **20008**

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

Name of Employer **AFSCME INT'L** Occupation **EDITOR, PUBLIC EMPLOYEE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 14 / 2006**

**Transaction ID: SA11A1.71714**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>129.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 / 224
	<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**

Full Name (Last, First, Middle Initial) <b>A. ROGER M. WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 6	
Mailing Address 3701 Beech Street NW, Apt 332		<b>Transaction ID: SA11A1.72207</b>	
City State Zip Code Washington DC 20008	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME INT'L	Occupation EDITOR, PUBLIC EMPLOYEE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. SAUNDRA WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 16218 BRAILE		<b>Transaction ID: SA11A1.71959</b>	
City State Zip Code DETROIT MI 48219	Amount of Each Receipt this Period 28.43		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.44		

Full Name (Last, First, Middle Initial) <b>C. SHIRLEY WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 1116 W. MARQUETTE ROAD		<b>Transaction ID: SA11A1.71199</b>	
City State Zip Code CHICAGO IL 60621	Amount of Each Receipt this Period 61.18		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.09		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	119.61
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 / 224
	<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, QUALIFI- ED**

Full Name (Last, First, Middle Initial) <b>A. SHIRLEY WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 8 / 2 0 0 6	
Mailing Address <b>1116 W. MARQUETTE ROAD</b>		<b>Transaction ID: SA11A1.72323</b>	
City State Zip Code <b>CHICAGO IL 60621</b>		Amount of Each Receipt this Period 61.18	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME IL CN 31 STAFF REPRESENTATIVE</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 303.27	

Full Name (Last, First, Middle Initial) <b>B. ALLAN WINEY</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>765 MOUNT AIRY ROAD</b>		<b>Transaction ID: SA11A1.71850</b>	
City State Zip Code <b>LEWISBERRY PA 17339</b>		Amount of Each Receipt this Period 68.46	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME PA CN 13 ASSISTANT BUSINESS MANAGER</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.84	

Full Name (Last, First, Middle Initial) <b>C. KRISTIE WOLF</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 8 / 2 0 0 6	
Mailing Address <b>c/o 4031 EXECUTIVE PARK DRIVE PA CN 13</b>		<b>Transaction ID: SA11A1.71863</b>	
City State Zip Code <b>HARRISBURG PA 17111-1599</b>		Amount of Each Receipt this Period 59.54	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation <b>AFSCME PA CN 13 STAFF REPRESENTATIVE</b>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 238.16	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	189.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 197 / 224
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) <b>A. STEPHEN WOLFE</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 7 / 2 0 0 6	
Mailing Address 479 Common Drive		<b>Transaction ID: SA11A1.71750</b>	
City State Zip Code Powell OH 43065		Amount of Each Receipt this Period 58.44	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME OH CN 8 FIELD ORGANIZER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.76	

Full Name (Last, First, Middle Initial) <b>B. ARTHUR WOOD</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 0 / 2 0 0 6	
Mailing Address 780 FAIRWOOD		<b>Transaction ID: SA11A1.71960</b>	
City State Zip Code INKSTER MI 48141		Amount of Each Receipt this Period 25.46	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME MI CN 25 STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 203.68	

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS WOODSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6	
Mailing Address 108 ELGIN, APT. 1		<b>Transaction ID: SA11A1.71219</b>	
City State Zip Code FOREST PARK IL 60130		Amount of Each Receipt this Period 62.60	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation AFSCME IL CN 31 ORGANIZER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.40	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.50
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 / 224
	<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, QUALIFI-  
 ED**

**A.** Full Name (Last, First, Middle Initial)  
**DOUGLAS WOODSON**

Mailing Address **108 ELGIN, APT. 1**

City **FOREST PARK** State **IL** Zip Code **60130**

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

Name of Employer **AFSCME IL CN 31** Occupation **ORGANIZER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72342**

Amount of Each Receipt this Period  
**62.60**

**B.** Full Name (Last, First, Middle Initial)  
**JERRY WRIGHT**

Mailing Address **20235 E. 1280 N ROAD**

City **DANVILLE** State **IL** Zip Code **61832**

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 ▼ **233.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 05 / 2006**

**Transaction ID: SA11A1.71213**

Amount of Each Receipt this Period  
**58.42**

**C.** Full Name (Last, First, Middle Initial)  
**JERRY WRIGHT**

Mailing Address **20235 E. 1280 N ROAD**

City **DANVILLE** State **IL** Zip Code **61832**

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 ▼ **292.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 28 / 2006**

**Transaction ID: SA11A1.72337**

Amount of Each Receipt this Period  
**58.42**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>179.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 / 224
	<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, QUALIFI- ED**

**A.** Full Name (Last, First, Middle Initial)  
**PETER WRIGHT**

Mailing Address **28 WASHINGTON STREET**

City **MARBLEHEAD** State **MA** Zip Code **01945**

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 ▼ **284.14**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 03 / 2006**

**Transaction ID: SA11A1.71038**

Amount of Each Receipt this Period  
**74.14**

**B.** Full Name (Last, First, Middle Initial)  
**WAYNE J. YAMASAKI**

Mailing Address **1185 KAELEKU STREET**

City **HONOLULU** State **HI** Zip Code **96825-3007**

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

Name of Employer **AFSCME HI LOCAL 152** 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  
**04 / 11 / 2006**

**Transaction ID: SA11A1.71488**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**PEGGY LEE ZIMMERMAN**

Mailing Address **197 BLAIR AVENUE**

City **COTTAGE HILLS** State **IL** Zip Code **62018**

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 ▼ **244.72**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**04 / 05 / 2006**

**Transaction ID: SA11A1.71180**

Amount of Each Receipt this Period  
**61.18**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>185.32</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 200 / 224	
	(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"/> 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)  
PEGGY LEE ZIMMERMAN

Mailing Address 197 BLAIR AVENUE

City State Zip Code  
COTTAGE HILLS IL 62018

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

Name of Employer Occupation  
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.90

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.72304

Amount of Each Receipt this Period  
61.18

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	61.18
<b>TOTAL</b> This Period (last page this line number only) .....	▶	33106.14



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 201 / 224	
	(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"/> 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**

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Mailing Address **PO BOX 2882  
 CHURCH STREET STATION**

**Transaction ID: SA12.71521**

City State Zip Code  
**NEW YORK NY 10007**

Amount of Each Receipt this Period  

<b>34621.85</b>
-----------------

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  

<b>206014.26</b>
------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>34621.85</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>34621.85</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 202 / 224
	(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 15 Union Square

City	State	Zip Code
New York	NY	10003

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3321.96

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	0	6

Transaction ID: SA17.72216

Amount of Each Receipt this Period  
902.75

Interest Income 4/06

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	902.75
<b>TOTAL</b> This Period (last page this line number only) .....	▶	902.75

**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, QUALIFIED

Full Name (Last, First, Middle Initial)

**A.** AFSCME INTERNATIONAL

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.71004

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

867.26

Full Name (Last, First, Middle Initial)

**B.** AFSCME INTERNATIONAL

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.72008

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

812.54

Full Name (Last, First, Middle Initial)

**C.** AMALGAMATED BANK

Mailing Address 15 Union Square

City New York State NY Zip Code 10003

Purpose of Disbursement Interest Payment 4/06

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.70996

Date of Disbursement

04 / 03 / 2006

Amount of Each Disbursement this Period

7057.29

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

8737.09

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 204 / 224

<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

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Service Charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.71523

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

9.29

**B. B & H ADVERTISING, INC.**

Mailing Address 2241 South Halsted Street

City Chicago State IL Zip Code 60608

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.71147

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

6389.80

**C. B & H ADVERTISING, INC.**

Mailing Address 2241 South Halsted Street

City Chicago State IL Zip Code 60608

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.71148

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

8127.75

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

14526.84

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 205 / 224

<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

Full Name (Last, First, Middle Initial)

**A.** B & H ADVERTISING, INC.

Mailing Address 2241 South Halsted Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement Postage

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.71393

Date of Disbursement

04 / 11 / 2006

Amount of Each Disbursement this Period

1371.37

Full Name (Last, First, Middle Initial)

**B.** B & H ADVERTISING, INC.

Mailing Address 2241 South Halsted Street

City Chicago State IL Zip Code 60608

Purpose of Disbursement Debt removed because of billing error

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.72741

Date of Disbursement

04 / 11 / 2006

Amount of Each Disbursement this Period

-1371.37

Full Name (Last, First, Middle Initial)

**C.** Bank of America

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement Service charge

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.72498

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

12.00

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

12.00

**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 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

Full Name (Last, First, Middle Initial)

**A.** Bank of America

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement

Service charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72499

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**B.** Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement

Service charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72500

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement

Service charge

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.72501

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 207 / 224

<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, QUALIFIED

Full Name (Last, First, Middle Initial)

**A.** BART GROUP

Mailing Address 160 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement Service Charge  
Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.71003

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

101.10

Full Name (Last, First, Middle Initial)

**B.** HILTON HARTFORD HOTEL

Mailing Address 315 Trumbull Street

City Hartford, State CT Zip Code 06103

Purpose of Disbursement Travel Expense  
Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.71005

Date of Disbursement

04 / 04 / 2006

Amount of Each Disbursement this Period

2140.01

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

2241.11

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

25558.99

**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 208 / 224

<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

Full Name (Last, First, Middle Initial)

**A. AMALGAMATED BANK- NonFederal Account**

Mailing Address 11-15 Union Square West

City New York, State NY Zip Code 10003

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

Candidate Name

008  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB22.71585

Date of Disbursement

04 / 18 / 2006

Amount of Each Disbursement this Period

25000.00

**B. AMALGAMATED BANK- NonFederal Account**

Mailing Address 11-15 Union Square West

City New York, State NY Zip Code 10003

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

Candidate Name

008  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB22.72005

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

38000.00

**C. AMALGAMATED BANK- NonFederal Account**

Mailing Address 11-15 Union Square West

City New York, State NY Zip Code 10003

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

Candidate Name

008  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Transaction ID: SB22.72217

Date of Disbursement

04 / 28 / 2006

Amount of Each Disbursement this Period

10000.00

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

73000.00

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

73000.00



**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 209 / 224

<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

Full Name (Last, First, Middle Initial)

**A. ALL AMERICA PAC**

Mailing Address 1070 Thomas Jefferson St. NW  
Suite 202

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.72035

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BOB ETHERIDGE FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 28001

City RALEIGH State NC Zip Code 27611

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: NC District: 02

Transaction ID: SB23.72030

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BRIDGE PAC**

Mailing Address 499 S CAPITOL STREET, SW  
SUITE 604

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB23.71007

Date of Disbursement

04 / 04 / 2006

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)

<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

Full Name (Last, First, Middle Initial)

**A. CARDOZA FOR CONGRESS**

Mailing Address 555 Capitol Mall  
Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Transaction ID: SB23.71510

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

**B. CLEAVER FOR CONGRESS**

Mailing Address 2300 MAIN STREET SUITE 1000

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MO District: 05

Transaction ID: SB23.72025

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

**C. 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: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.72037

Date of Disbursement

04 / 25 / 2006

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)

<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

Full Name (Last, First, Middle Initial)

**A. COMMITTEE TO ELECT ARTUR DAVIS TO CONGRESS**

Mailing Address P.O. BOX 1845

City Birmingham State AL Zip Code 35201-1845

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: AL District: 07

Transaction ID: SB23.71511

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

**B. COMMITTEE TO ELECT GARY L. ACKERMAN**

Mailing Address 100 Jericho Quadrangle #233

City Jericho State NY Zip Code 11753

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 05

Transaction ID: SB23.72028

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

**C. CUMMINGS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 2901 Druid Park Drive Suite 210

City Baltimore State MD Zip Code 21215

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MD District: 07

Transaction ID: SB23.72019

Date of Disbursement

04 / 25 / 2006

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)

PAGE 212 / 224

<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

Full Name (Last, First, Middle Initial)

**A. DAVID SCOTT FOR CONGRESS**

Mailing Address 225 PEACHTREE STREET, NE

City ATLANTA State GA Zip Code 30303

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Transaction ID: SB23.71513

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DOYLE FOR CONGRESS COMMITTEE**

Mailing Address 205 Hawthorne Court

City Pittsburgh State PA Zip Code 15221

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 14

Transaction ID: SB23.71353

Date of Disbursement

04 / 07 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. DUTCH RUPPERSBERGER FOR CONGRESS**

Mailing Address 22 WEST PADONIA ROAD,  
SUITE A307

City TIMONIUM State MD Zip Code 21093

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MD District: 02

Transaction ID: SB23.72018

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 213 / 224

<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

Full Name (Last, First, Middle Initial)

**A. FATTAH FOR CONGRESS**

Mailing Address P.O. Box 30743

City PHILADELPHIA State PA Zip Code 19104

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Transaction ID: SB23.72031

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FEINSTEIN FOR SENATE**

Mailing Address 601 S. GLENOAKS BLVD.,  
Suite 208

City BURBANK State CA Zip Code 91502

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.71514

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. FRANCINE BUSBY FOR CONGRESS**

Mailing Address 783 Calle de Soto

City San Marcos State CA Zip Code 92078

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 50  
Runoff

Transaction ID: SB23.71565

Date of Disbursement

04 / 17 / 2006

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 214 / 224

<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

Full Name (Last, First, Middle Initial)

**A. FRANCINE BUSBY FOR CONGRESS**

Mailing Address 783 Calle de Soto

City San Marcos State CA Zip Code 92078

Purpose of Disbursement  
Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Transaction ID: SB23.72419

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CAROLYN MCCARTHY**

Mailing Address 151 LINDEN ROAD

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement  
Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 04

Transaction ID: SB23.72027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF RAHM EMANUEL**

Mailing Address P. O. Box 101124

City Chicago State IL Zip Code 60610

Purpose of Disbursement  
Contribution

Candidate Name

**011**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Transaction ID: SB23.72014

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

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

9000.00

**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 215 / 224

<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

Full Name (Last, First, Middle Initial)

**A. GEORGIA BERNER FOR CONGRESS**

Mailing Address 222 Bridge Street

City Bridgewater State PA Zip Code 15009

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.71515

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. HILDA SOLIS CAMPAIGN**

Mailing Address 1718 M Street, NW #172  
Franklin Hall

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Transaction ID: SB23.72009

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. KILDEE FOR CONGRESS**

Mailing Address P.O Box 317

City Flint State MI Zip Code 48501-0000

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MI District: 05

Transaction ID: SB23.72021

Date of Disbursement

04 / 25 / 2006

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)

<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

Full Name (Last, First, Middle Initial)

**A.** Kilpatrick for United States Congress

Mailing Address P.O. Box 32175

City Detroit State MI Zip Code 48232-0000

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.72022

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** LOUISIANA DEMOCRATIC PARTY - FEDERAL ACCT.

Mailing Address P.O. Box 4385

City BATON ROUGE State LA Zip Code 70821-4385

Purpose of Disbursement Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.71567

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** MEEKS FOR CONGRESS

Mailing Address 219-10 SOUTH CONDUIT AVENUE

City SPRINGFIELD GARDEN State NY Zip Code 11413

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 06

Transaction ID: SB23.72029

Date of Disbursement

04 / 25 / 2006

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)

PAGE 217 / 224

<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

Full Name (Last, First, Middle Initial)

**A. MELISSA BEAN FOR CONGRESS COMMITTEE**

Mailing Address 203 FRANCES LANE

City BARRINGTON State IL Zip Code 60010

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Transaction ID: SB23.72015

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MEL WATT FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 36831

City CHARLOTTE State NC Zip Code 28236

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NC District: 12

Transaction ID: SB23.72083

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MICHAUD FOR CONGRESS**

Mailing Address 16 Common Street

City Waterville State ME Zip Code 04901

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Transaction ID: SB23.72017

Date of Disbursement

04 / 25 / 2006

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 218 / 224

<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, QUALIFIED

Full Name (Last, First, Middle Initial)

**A. MIKE HONDA FOR CONGRESS**

Mailing Address 50 West San Fernando Street  
Ste. 350

City SAN JOSE State CA Zip Code 95113

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Transaction ID: SB23.71517

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

**B. NORM DICKS FOR CONGRESS**

Mailing Address PO BOX 1663

City TACOMA State WA Zip Code 98401

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Transaction ID: SB23.71568

Date of Disbursement

04 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

**C. PETE STARK RE-ELECTION COMMITTEE**

Mailing Address PO BOX 8331

City FREEMONT State CA Zip Code 94537

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Transaction ID: SB23.71518

Date of Disbursement

04 / 12 / 2006

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)

PAGE 219 / 224

<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

Full Name (Last, First, Middle Initial)

**A. RE-ELECT MCGOVERN COMMITTEE**

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MA District: 03

Transaction ID: SB23.72020

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ROYBAL-ALLARD FOR CONGRESS**

Mailing Address P. O. BOX 582

City Kensington State MD Zip Code 20895

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Transaction ID: SB23.71519

Date of Disbursement

04 / 12 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. SCHIFF FOR CONGRESS**

Mailing Address 777 S. Figueroa St. Ste. 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Transaction ID: SB23.71520

Date of Disbursement

04 / 12 / 2006

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)

PAGE 220 / 224

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SESTAK FOR CONGRESS**

Mailing Address P. O. BOX 16

City Media State PA Zip Code 19063

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Transaction ID: SB23.72081

Date of Disbursement

04 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. SPRATT FOR CONGRESS COMMITTEE**

Mailing Address P. O. BOX 830

City YORK State SC Zip Code 29745

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: SC District: 05

Transaction ID: SB23.72032

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. STEVE ROTHMAN FOR CONGRESS, INC.**

Mailing Address 38 Ivy Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Transaction ID: SB23.72026

Date of Disbursement

04 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

72000.00

**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 221 / 224

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMALGAMATED BANK**

Mailing Address 15 Union Square

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
Principal Payment 4/06

Candidate Name

009  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.70995

Date of Disbursement

<sup>M</sup> <sup>M</sup> / <sup>D</sup> <sup>D</sup> / <sup>Y</sup> <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
04 / 03 / 2006

Amount of Each Disbursement this Period

125000.00

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

125000.00

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

125000.00

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 222 / 224 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED** **Transaction ID: SC/10.49758**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Union Square	
City New York State NY ZIP Code 10003	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	1000000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 0 8 Y Y Y Y 2 0 0 4	01/19/07	5.75 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) ..... ▶	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

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

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 223 / 224 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED Transaction ID: SC/10.51037

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Mailing Address 15 Union Square	
City New York State NY ZIP Code 10003	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 2 2 Y Y Y Y 2 0 0 4	01/19/07	5.75 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width: 100%;" type="text" value="1000000.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input style="width: 100%;" type="text" value="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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Merchandise Production Co-  
sts

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

6389.80

Transaction ID: SD10.71142

Amount Incurred This Period

0.00

Payment This Period

6389.80

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Merchandise Production Co-  
sts

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

8127.75

Transaction ID: SD10.71141

Amount Incurred This Period

0.00

Payment This Period

8127.75

Outstanding Balance at Close of This Period

0.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Postage

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

1371.37

Transaction ID: SD10.71390

Amount Incurred This Period

0.00

Payment This Period

1371.37

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....



0.00

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



0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....



4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

