

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer WILLIAM LUCY
Signature of Treasurer Electronically Filed by WILLIAM LUCY Date 02 19 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 923124.80 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 923124.80 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 456678.71 | 456678.71 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1379803.51 | 1379803.51 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 165801.07 | 165801.07 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1214002.44 | 1214002.44 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 0 | 1 |

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| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 1 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 3429.25 | 3429.25 |
| (ii) Unitemized | 452934.72 | 452934.72 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 456363.97 | 456363.97 |
| (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) | 456363.97 | 456363.97 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 314.74 | 314.74 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 456678.71 | 456678.71 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 456678.71 | 456678.71 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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..... | 1736.07 | 1736.07 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 1736.07 | 1736.07 |
| 22. Transfers to Affiliated/Other Party Committees..... | 27000.00 | 27000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 37000.00 | 37000.00 |
| 24. Independent Expenditure (use Schedule E) | 100000.00 | 100000.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 65.00 | 65.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 65.00 | 65.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 165801.07 | 165801.07 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 165801.07 | 165801.07 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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) | 456363.97 | 456363.97 |
| 34. Total Contribution Refunds (from Line 28(d)) | 65.00 | 65.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 456298.97 | 456298.97 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 1736.07 | 1736.07 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1736.07 | 1736.07 |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 19 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | | | |
|---|--|---|---|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) ADAM ACOSTA | | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 | |
| | Mailing Address 66 La Perla | | Transaction ID: SA11AI.147694 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Foothill Ranch | CA | 92610 | 269.28 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME CA CN 36 | | Occupation POLITICAL ACTION REPRESENTATIVE III | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 269.28 | | |

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) MARCOS CARDENAS | | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 | |
| | Mailing Address 6927 Amherst Street | | Transaction ID: SA11AI.147695 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | San Diego | CA | 92109 | 226.56 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME CA CN 36 | | Occupation STAFF REPRESENTATIVE | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 226.56 | | |

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) ALBERT GARRETT | | Date of Receipt MM / DD / YYYY 01 / 20 / 2010 | |
| | Mailing Address 18491 Lauder | | Transaction ID: SA11AI.148003 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Detroit | MI | 48235-2738 | 120.42 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME MI CN 25 | | Occupation PRESIDENT | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 240.84 | | |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 616.26 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 19 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|--|
| A. | Full Name (Last, First, Middle Initial) ALBERT GARRETT | Date of Receipt MM / DD / YYYY 01 / 29 / 2010 |
| | Mailing Address 18491 Lauder | Transaction ID: SA11AI.147714 |
| | City State Zip Code Detroit MI 48235-2738 | Amount of Each Receipt this Period 14.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME MI CN 25 PRESIDENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 254.84 | |

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|---|--|--|
| B. | Full Name (Last, First, Middle Initial) LOUIS HARRIS | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 |
| | Mailing Address 1516 172nd Street East | Transaction ID: SA11AI.147696 |
| | City State Zip Code Spanaway WA 98387 | Amount of Each Receipt this Period 262.80 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME CA CN 36 STAFF REPRESENTATIVE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 262.80 | |

| | | |
|---|--|--|
| C. | Full Name (Last, First, Middle Initial) STEVE KOFFROTH | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 |
| | Mailing Address 17824 Autry Ct | Transaction ID: SA11AI.147697 |
| | City State Zip Code Chino Hills CA 91709 | Amount of Each Receipt this Period 249.60 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME CA CN 36 STAFF REPRESENTATIVE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 249.60 | |

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| SUBTOTAL of Receipts This Page (optional) | 526.40 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19
(check only one)

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

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

A.

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) WILLIAM LUCY | | Date of Receipt MM / DD / YYYY 01 / 29 / 2010 | |
| Mailing Address 1831 Sudbury Lane NW | | Transaction ID: SA11AI.147691 | |
| City Washington | State DC | Zip Code 20012-2202 | Amount of Each Receipt this Period 133.06 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME INT'L | Occupation SECRETARY TREASURER | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 266.12 | | |

B.

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) RICHARD MORAWSKI | | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 | |
| Mailing Address 1606 Walnut Street 2nd Floor | | Transaction ID: SA11AI.147701 | |
| City Philadelphia | State PA | Zip Code 19103 | Amount of Each Receipt this Period 220.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME PA CN 47 | Occupation STAFF REPRESENTATIVE | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.00 | | |

C.

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) JAMES E NICKELS | | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 | |
| Mailing Address P.O. Box 6564 | | Transaction ID: SA11AI.147685 | |
| City North Little Rock | State AR | Zip Code 72124 | Amount of Each Receipt this Period 720.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AR CN 38 | Occupation Public Employee | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 720.00 | | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 1073.06 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 19 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|---|---------------------------------------|--|--------------------------------------|
| A. | Full Name (Last, First, Middle Initial) CHERYL PARISI | | Date of Receipt | |
| | Mailing Address 1932 Walcott Way | | M M / D D / Y Y Y Y Y 0 1 / 1 1 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: SA11AI.147698 |
| | Los Angeles | CA | 90039 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 280.00 | |
| Name of Employer AFSCME CA CN 36 | | Occupation BUSINESS REPRESENTATIVE | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 280.00 | | |

| | | | | |
|---|---|----------------------------------|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG | | Date of Receipt | |
| | Mailing Address 13084 Lia Court | | M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: SA11AI.148022 |
| | Lindon | MI | 48451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 109.23 | |
| Name of Employer AFSCME MI CN 25 | | Occupation EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 218.46 | | |

| | | | | |
|---|---|----------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG | | Date of Receipt | |
| | Mailing Address 13084 Lia Court | | M M / D D / Y Y Y Y Y 0 1 / 2 9 / 2 0 1 0 | |
| | City | State | Zip Code | Transaction ID: SA11AI.147735 |
| | Lindon | MI | 48451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 70.00 | |
| Name of Employer AFSCME MI CN 25 | | Occupation EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | | |
| | | 288.46 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 459.23 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 19 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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

| | | |
|---|--|---|
| A. | Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA | Date of Receipt MM / DD / YYYY 01 / 29 / 2010 |
| | Mailing Address 4771 Powderhorn Lane | Transaction ID: SA11AI.147736 |
| | City State Zip Code Westerville OH 43081 | Amount of Each Receipt this Period 14.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME OH LOC 4 EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 214.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) ALBERT SCHNAUFER | Date of Receipt MM / DD / YYYY 01 / 11 / 2010 |
| | Mailing Address 400 South Flower #65 | Transaction ID: SA11AI.147699 |
| | City State Zip Code Orange CA 92868 | Amount of Each Receipt this Period 280.96 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME CA CN 36 BUSINESS REPRESENTATIVE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.96 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART | Date of Receipt MM / DD / YYYY 01 / 29 / 2010 |
| | Mailing Address 12001 Market Street Unit 450 | Transaction ID: SA11AI.147693 |
| | City State Zip Code Reston VA 20190 | Amount of Each Receipt this Period 107.34 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME INT'L ASSOCIATE DIRECTOR, ACCOUNTING | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 214.68 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 402.30 |
| TOTAL This Period (last page this line number only) | |

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 11 / 19 | |
| | (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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) JOHN H. THOMPSON | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 110 East Meyer | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 1 | 4 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 1 | | 1 | 4 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City State Zip Code New Castle PA 16105 | | Transaction ID: SA11AI.147700 | | | | | | | | | | | | | | | | | | | | | |
| | FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 352.00 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer AFSCME PA CN 13/NSP NESHA-NNCK | | Occupation FOREMAN | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 352.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 352.00 |
| TOTAL This Period (last page this line number only) | ▶ | 3429.25 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 12 / 19 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------|---|------------------------------------|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) AMALGAMATED BANK | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 275 7th Avenue | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 1 | | 2 | 9 | | 2 | 0 | 1 | 0 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 1 | | 2 | 9 | | 2 | 0 | 1 | 0 | | | | | | | | | | | | | | |
| | City | State | Zip Code | | Transaction ID: SA17.147668 | | | | | | | | | | | | | | | | | | | |
| New York | NY | 10001 | | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | C | | 314.74 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer | Occupation | | Interest Income 1/29/10 | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | | | 314.74 | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 314.74 |
| TOTAL This Period (last page this line number only) | ▶ | 314.74 |

**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 13 / 19

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

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NAME OF COMMITTEE (In Full)

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

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) AFSCME INTERNATIONAL <hr/> Mailing Address 1625 L Street NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Fundraising merchandise costs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.147674 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 1635.70 |
| | Category/ Type 003 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) AMALGAMATED BANK <hr/> Mailing Address 275 7th Avenue <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Bank Fees/Returned check Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.147689 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 9 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 10.00 |
| | Category/ Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS <hr/> Mailing Address P.O. Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement Merchant Service Charges 1/26/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB21B.147672 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 1 0 |
| | Amount of Each Disbursement this Period 2.00 |
| | Category/ Type 001 |
| | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

1647.70

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 14 / 19

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

BART GROUP

Mailing Address 171 Main Street

City State Zip Code
Port Washington NY 11050

Purpose of Disbursement
Merchant Service Charges 1/6/10

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.144558

Date of Disbursement

01 / 06 / 2010

Amount of Each Disbursement this Period

88.37

SUBTOTAL of Disbursements This Page (optional)

88.37

TOTAL This Period (last page this line number only)

1736.07

**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 15 / 19

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

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NAME OF COMMITTEE (In Full)

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

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

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Candidate Name

008
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB22.144856

Date of Disbursement

01 / 21 / 2010

Amount of Each Disbursement this Period

27000.00

SUBTOTAL of Disbursements This Page (optional)

27000.00

TOTAL This Period (last page this line number only)

27000.00

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 16 / 19

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Transaction ID: SB23.147680
Date of Disbursement

Mailing Address P.O. Box 437

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

City Farmingville State NY Zip Code 11738

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 01

B.

Full Name (Last, First, Middle Initial)
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Transaction ID: SB23.147677
Date of Disbursement

Mailing Address 430 South Capitol Street SE

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

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

011
Category/
Type

| |
|----------|
| 15000.00 |
|----------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District: PAC

C.

Full Name (Last, First, Middle Initial)
MARTHA COAKLEY FOR SENATE

Transaction ID: SB23.147682
Date of Disbursement

Mailing Address 529 Main Street

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

City Charlestown State MA Zip Code 02129

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution (Debit)

011
Category/
Type

| |
|---------|
| 5000.00 |
|---------|

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: MA District: 00 Special-Primary

SUBTOTAL of Disbursements This Page (optional)

25000.00

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 17 / 19

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

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NAME OF COMMITTEE (In Full)

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

| | | |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial) MASSACHUSETTS DEMOCRATIC PARTY - FEDERAL ACCOUNT | Transaction ID: SB23.147675 Date of Disbursement 01 / 12 / 2010 |
| | Mailing Address 56 Roland Street North Lobby, Suite 203 | Amount of Each Disbursement this Period 5000.00 |
| | City Boston State MA Zip Code 02129-0000 | |
| | Purpose of Disbursement Contribution Candidate Name | 011 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS COMMITTEE | Transaction ID: SB23.147681 Date of Disbursement 01 / 26 / 2010 |
| | Mailing Address P.O. Box 3068 | Amount of Each Disbursement this Period 1000.00 |
| | City Barrington State IL Zip Code 60011 | |
| | Purpose of Disbursement Contribution Candidate Name | 011 Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) PRAIRIE POLITICAL ACTION COMMITTEE | Transaction ID: SB23.147676 Date of Disbursement 01 / 21 / 2010 |
| | Mailing Address 101 W. Grand Suite 200 | Amount of Each Disbursement this Period 5000.00 |
| | City Chicago State IL Zip Code 60654 | |
| | Purpose of Disbursement Contribution Candidate Name | 011 Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ |

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 18 / 19

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

SOUTHERN CALIFORNIA FUND

Transaction ID: SB23.147678

Date of Disbursement

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

Mailing Address 555 So. Flower Street
#4210

City Los Angeles State CA Zip Code 90071

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement
Contribution

| |
|-------------------|
| 011 |
| Category/ Type |

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

PAC

SUBTOTAL of Disbursements This Page (optional)

| |
|---------|
| 1000.00 |
|---------|

TOTAL This Period (last page this line number only)

| |
|----------|
| 37000.00 |
|----------|

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

| | | | |
|---|-------------|--|---|
| NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE | | FEC IDENTIFICATION NUMBER C C00011114 | |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice | | Date M M / D D / Y Y Y Y 0 1 / 1 5 / 2 0 1 0 | |
| Full Name (Last, First, Middle, Initial) of Payee THE CAMPAIGN GROUP | | Amount 100000.00 | |
| Mailing Address 1600 Locust Street | | Transaction ID: SE.143998 | |
| City Philadelphia | State PA | Zip Code 19103 | Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> Presidential |
| Purpose of Expenditure RADIO AIRTIME (MA) | | Category/Type 004 | Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate supported or Opposed by expenditure: MARTHA COAKLEY (MA) | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Special-General 2010 | |
| Calendar Year-To-Date Per Election for Office Sought | | 100000.00 | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | 100000.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures | 100000.00 |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | |
| WILLIAM LUCY Signature | Date M M / D D / Y Y Y Y 0 2 / 1 9 / 2 0 1 0 |