

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 02 01 2009 through 02 28 2009

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 03 25 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 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| | 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>9</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 9 | | 1118978.37 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 9 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 1004493.09 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 578889.15 | 1119106.94 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 1583382.24 | 2238085.31 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 508623.92 | 1163326.99 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 1074758.32 | 1074758.32 | | | | | | | | |
| 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) | 4177374.84 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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 | 2 |

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

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 2 |

| | |
|---|---|
| D | D |
| 2 | 8 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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) | 10342.31 | 12136.15 |
| (ii) Unitemized | 494620.77 | 1032627.93 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 504963.08 | 1044764.08 |
| (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) | 504963.08 | 1044764.08 |
| 12. Transfers From Affiliated/Other Party Committees | 68848.24 | 68848.24 |
| 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) | 4704.00 | 4704.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 373.83 | 790.62 |
| 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)) | 578889.15 | 1119106.94 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 578889.15 | 1119106.94 |

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..... | 11996.92 | 41921.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 11996.92 | 41921.13 |
| 22. Transfers to Affiliated/Other Party Committees..... | 29500.00 | 204000.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 54500.00 | 94500.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 412508.00 | 822625.16 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 119.00 | 280.70 |
| (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)) | 119.00 | 280.70 |
| 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)).. | 508623.92 | 1163326.99 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 508623.92 | 1163326.99 |

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) | 504963.08 | 1044764.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 119.00 | 280.70 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 504844.08 | 1044483.38 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 11996.92 | 41921.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 4704.00 | 4704.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 7292.92 | 37217.13 |

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 / 60 |
| | <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

| | | | | |
|---|--|---|---|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) ADAM ACOSTA | | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 | |
| | Mailing Address 66 La Perla | | Transaction ID: SA11AI.124823 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Foothill Ranch | CA | 92610 | 67.32 |
| | 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 ▼ 201.96 | | |

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) KENNETH L. ALLEN | | Date of Receipt MM / DD / YYYY 02 / 10 / 2009 | |
| | Mailing Address 7935 SW Santolina Place | | Transaction ID: SA11AI.124029 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Beaverton | OR | 97008-6272 | 129.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 272.00 | | |

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) KENNETH L. ALLEN | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | |
| | Mailing Address 7935 SW Santolina Place | | Transaction ID: SA11AI.124740 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Beaverton | OR | 97008-6272 | 14.00 |
| | FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 286.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 210.32 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 60 |
| | <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) CAROL A ANDERSON | | Date of Receipt |
| | Mailing Address 303 Dias Drive | | <input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Fort Washington | MD | 20744 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.124001 |
| Name of Employer AFSCME INT'L | | Occupation ASSOCIATE DIRECTOR, EDUCATION | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="237.96"/> | <input type="text" value="49.49"/> |

| | | | |
|---|--|---|---|
| B. | Full Name (Last, First, Middle Initial) DAVID ANTLE | | Date of Receipt |
| | Mailing Address P.O. Box 1093 | | <input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Moscow | PA | 18444 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.124641 |
| Name of Employer AFSCME PA CN 13 | | Occupation STAFF REPRESENTATIVE | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="213.84"/> | <input type="text" value="106.92"/> |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) HENRY BAYER | | Date of Receipt |
| | Mailing Address 1507 W. Chase Street | | <input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Chicago | IL | 60626-2125 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.124030 |
| Name of Employer AFSCME IL CN 31 | | Occupation EXECUTIVE DIRECTOR | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text" value="252.48"/> | <input type="text" value="113.90"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="270.31"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 60
(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) HENRY BAYER | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 1507 W. Chase Street | | Transaction ID: SA11AI.124461 |
| City Chicago | State IL | Zip Code 60626-2125 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 28.00 |
| 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 ▼ 280.48 | |

B.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) PAULA BENTLEY | | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| Mailing Address 3701 Oakview Drive | | Transaction ID: SA11AI.123719 |
| City Orlando | State FL | Zip Code 32812 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 92.06 |
| 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 ▼ 276.18 | |

C.

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) PAULA BENTLEY | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 3701 Oakview Drive | | Transaction ID: SA11AI.123866 |
| City Orlando | State FL | Zip Code 32812 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 92.06 |
| 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 ▼ 368.24 | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 212.12 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 9 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 DAVID BIELSKI
 Mailing Address 4499 Battleridge Rd.
 City State Zip Code
 McDonald PA 15057-3507
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 0 9
Transaction ID: SA11AI.124644
 Amount of Each Receipt this Period
 106.92
 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) ▼ 213.84

B. Full Name (Last, First, Middle Initial)
 KAREN BLACK
 Mailing Address P.O. Box 304
 City State Zip Code
 Highspire PA 17034-1409
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 0 9
Transaction ID: SA11AI.124645
 Amount of Each Receipt this Period
 103.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 EXECUTIVE ASSISTANT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 206.40

C. Full Name (Last, First, Middle Initial)
 BARRY BOGARDE
 Mailing Address 4303 Vermont Court
 City State Zip Code
 Harrisburg PA 17112-9512
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 0 9
Transaction ID: SA11AI.124647
 Amount of Each Receipt this Period
 103.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 UNION REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 206.40

SUBTOTAL of Receipts This Page (optional) ► **313.32**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 / 60 |
| | (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

| | | | |
|---|---|--|--|
| A. | Full Name (Last, First, Middle Initial) PAUL R. BOOTH | | Date of Receipt |
| | Mailing Address 3724 Benton Street NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 0 9 |
| | City | State | Zip Code |
| | Washington | DC | 20007-1803 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123721 |
| Name of Employer AFSCME INT'L | | Occupation EXECUTIVE ASST. TO PRESIDENT | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 539.22 | <input type="text"/> 179.74 |

| | | | |
|---|---|--|--|
| B. | Full Name (Last, First, Middle Initial) PAUL R. BOOTH | | Date of Receipt |
| | Mailing Address 3724 Benton Street NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Washington | DC | 20007-1803 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123868 |
| Name of Employer AFSCME INT'L | | Occupation EXECUTIVE ASST. TO PRESIDENT | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 718.96 | <input type="text"/> 179.74 |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) DIANE B. BURKE | | Date of Receipt |
| | Mailing Address 6626 Potomac Avenue, A1 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 0 9 |
| | City | State | Zip Code |
| | Alexandria | VA | 22307 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123725 |
| Name of Employer AFSCME INT'L | | Occupation ASSISTANT DIRECTOR, LEGISLATION | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 277.00 | <input type="text"/> 59.00 |

| | |
|--|--------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 418.48 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 60 |
| | <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) DIANE B. BURKE | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | | |
| | Mailing Address 6626 Potomac Avenue, A1 | | Transaction ID: SA11AI.123871 | | |
| | City Alexandria | State VA | Zip Code 22307 | Amount of Each Receipt this Period 59.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | 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 ▼ 336.00 | | | |

| | | | | | |
|---|---|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) PAULA J. CAIRA | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | | |
| | Mailing Address 17 Fourteenth Street SE | | Transaction ID: SA11AI.123874 | | |
| | City Washington | State DC | Zip Code 20003 | Amount of Each Receipt this Period 54.31 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | 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 ▼ 217.24 | | | |

| | | | | | |
|---|---|--|---|---|--|
| C. | Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS | | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 | | |
| | Mailing Address 9013 Advantage Ct. | | Transaction ID: SA11AI.123729 | | |
| | City Burke | State VA | Zip Code 22003 | Amount of Each Receipt this Period 98.98 | |
| | 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 ▼ 296.94 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 212.29 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 60
(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)
LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City State Zip Code
Burke VA 22003

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

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.92

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.123875

Amount of Each Receipt this Period
98.98

B.

Full Name (Last, First, Middle Initial)
RICHARD CAPONI

Mailing Address 4453 Stilley Road

City State Zip Code
Pittsburgh PA 15227

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 ▼ 213.84

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

Transaction ID: SA11AI.124653

Amount of Each Receipt this Period
106.92

C.

Full Name (Last, First, Middle Initial)
ANTHONY CASO

Mailing Address 9 Garden Court

City State Zip Code
Boston MA 02113-0000

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 ▼ 241.87

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

Transaction ID: SA11AI.124031

Amount of Each Receipt this Period
100.10

SUBTOTAL of Receipts This Page (optional) ▶ **306.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 60 |
| | <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) ANTHONY CASO | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | | |
| | Mailing Address 9 Garden Court | | Transaction ID: SA11AI.124155 | | |
| | City Boston | State MA | Zip Code 02113-0000 | Amount of Each Receipt this Period 41.67 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer AFSCME MA CN 93 | Occupation EXECUTIVE DIRECTOR | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 283.54 | | | |

| | | | | | |
|---|---|------------------------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) ROBERT COOPER | | Date of Receipt MM / DD / YYYY 02 / 11 / 2009 | | |
| | Mailing Address 931 South Walnut Street | | Transaction ID: SA11AI.124655 | | |
| | City West Chester | State PA | Zip Code 19382 | Amount of Each Receipt this Period 106.92 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | 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 ▼ 213.84 | | | |

| | | | | | |
|---|---|------------------------------------|---|---|--|
| C. | Full Name (Last, First, Middle Initial) JOHN C. DEMPSEY | | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 | | |
| | Mailing Address 20235 Watermark Place | | Transaction ID: SA11AI.123740 | | |
| | City Sterling | State VA | Zip Code 20165 | Amount of Each Receipt this Period 89.87 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | 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 ▼ 269.61 | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 238.46 |
| TOTAL 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 14 / 60 |
| | <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) JOHN C. DEMPSEY | | Date of Receipt | |
| | Mailing Address 20235 Watermark Place | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123886 |
| | Sterling | VA | 20165 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 89.87 | |
| 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 ▼ 359.48 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) GREG DEVEREUX | | Date of Receipt | |
| | Mailing Address 3561 S.E. Kamilehe Point Road | | M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124032 |
| | Shelton | WA | 98584 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 100.00 | |
| Name of Employer AFSCME WA CN 28 | | Occupation EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 214.00 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) GREG DEVEREUX | | Date of Receipt | |
| | Mailing Address 3561 S.E. Kamilehe Point Road | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124458 |
| | Shelton | WA | 98584 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 14.00 | |
| Name of Employer AFSCME WA CN 28 | | Occupation EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 228.00 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 203.87 |
| TOTAL 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 15 / 60 |
| | <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) JEAN M. DIEDERICH | | Date of Receipt | |
| | Mailing Address 4741 Grand Ave. So. No. 3 | | M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124160 |
| | Minneapolis | MN | 55419-5443 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 216.00 | |
| Name of Employer AFSCME MN CN 5/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 ▼ 324.00 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) STEPHAN FANTAUZZO | | Date of Receipt | |
| | Mailing Address 3840 N. Delaware Street | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123888 |
| | Indianapolis | IN | 46205 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 59.00 | |
| 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 ▼ 236.00 | | |

| | | | | |
|---|---|--|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) RICHARD M. FELLER | | Date of Receipt | |
| | Mailing Address 4705 Butterworth Place, NW | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123889 |
| | Washington | DC | 20016 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 53.67 | |
| 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 ▼ 214.68 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 328.67 |
| TOTAL 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 16 / 60 |
| | <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) DAVID FILLMAN | Date of Receipt MM / DD / YYYY 02 / 11 / 2009 |
| | Mailing Address 2520 Helen Street | Transaction ID: SA11AI.124664 |
| | City State Zip Code Hatboro PA 19040 | Amount of Each Receipt this Period 132.72 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME PA CN 13 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 279.44 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) DAVID FILLMAN | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 2520 Helen Street | Transaction ID: SA11AI.124034 |
| | City State Zip Code Hatboro PA 19040 | Amount of Each Receipt this Period 14.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME PA CN 13 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 293.44 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) MICHAEL E. FOX | Date of Receipt MM / DD / YYYY 02 / 11 / 2009 |
| | Mailing Address 3818 Sheffield Lane | Transaction ID: SA11AI.124665 |
| | City State Zip Code Harrisburg PA 17110-3044 | Amount of Each Receipt this Period 106.92 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 283.84 | |

| | |
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| SUBTOTAL of Receipts This Page (optional) | 253.64 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 60 |
| | <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) MICHAEL E. FOX | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 3818 Sheffield Lane | Transaction ID: SA11AI.124035 |
| | City State Zip Code Harrisburg PA 17110-3044 | Amount of Each Receipt this Period 70.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME PA CN 13 COUNCIL DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 353.84 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) GARETH J. FRANK | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 2309 Parkway | Transaction ID: SA11AI.123891 |
| | City State Zip Code Cheverly MD 20785 | Amount of Each Receipt this Period 53.67 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME INT'L ASSOC DIRECTOR ORGANIZING & FIELD SVCS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 214.68 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) ALBERT GARRETT | Date of Receipt MM / DD / YYYY 02 / 03 / 2009 |
| | Mailing Address 18491 Lauder | Transaction ID: SA11AI.124071 |
| | City State Zip Code Detroit MI 48235-2738 | Amount of Each Receipt this Period 116.92 |
| | 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 ▼ 358.04 | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 240.59 |
| TOTAL 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 18 / 60 |
| | <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 |
| | Mailing Address 18491 Lauder | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 9 / 2 0 0 9 |
| | City | State | Zip Code |
| | Detroit | MI | 48235-2738 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.124116 |
| Name of Employer AFSCME MI CN 25 | | Occupation PRESIDENT | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 474.96 | 116.92 |

| | | | |
|---|---|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) ALBERT GARRETT | | Date of Receipt |
| | Mailing Address 18491 Lauder | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Detroit | MI | 48235-2738 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.124036 |
| Name of Employer AFSCME MI CN 25 | | Occupation PRESIDENT | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 488.96 | 14.00 |

| | | | |
|---|---|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) RAGLAN GEORGE, Jr. | | Date of Receipt |
| | Mailing Address 75 Varick Street Suite #1404 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 6 / 2 0 0 9 |
| | City | State | Zip Code |
| | New York | NY | 10013-9902 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.124037 |
| Name of Employer AFSCME NY CN 1707 | | Occupation EXECUTIVE DIRECTOR | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 397.04 | 95.76 |

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|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 226.68 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 60 |
| | <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) RAGLAN GEORGE, Jr. | | Date of Receipt | |
| | Mailing Address 75 Varick Street Suite #1404 | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124150 |
| | New York | NY | 10013-9902 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 14.00 | |
| Name of Employer AFSCME NY CN 1707 | | Occupation EXECUTIVE DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 411.04 | | |

| | | | | |
|---|---|--|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) KAREN GILGOFF | | Date of Receipt | |
| | Mailing Address 3003 Van Ness Street, NW #W1023 | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123895 |
| | Washington | DC | 20008 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 58.96 | |
| 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 ▼ 220.84 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) R. SEAN GRAYSON | | Date of Receipt | |
| | Mailing Address 10201 Galena Pointe Drive | | M M / D D / Y Y Y Y Y 0 2 / 2 3 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124239 |
| | Galena | OH | 43021 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 103.18 | |
| 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 ▼ 206.36 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 176.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 60 |
| | <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) RONALD J. GREEN | Date of Receipt MM / DD / YYYY 02 / 10 / 2009 |
| | Mailing Address 531 Park Shadow Court | Transaction ID: SA11AI.124457 |
| | City State Zip Code Baldwin Park CA 90706 | Amount of Each Receipt this Period 200.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME CA CN 36/Local 3634 TRANSIT SUPERVISOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) STEVE GRETSUK | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 7803 Desiree Street | Transaction ID: SA11AI.123754 |
| | City State Zip Code Alexandria VA 22315 | Amount of Each Receipt this Period 77.23 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME INT'L DIRECTOR, INFORMATION SYSTEMS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 231.69 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) STEVE GRETSUK | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 7803 Desiree Street | Transaction ID: SA11AI.123900 |
| | City State Zip Code Alexandria VA 22315 | Amount of Each Receipt this Period 77.23 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME INT'L DIRECTOR, INFORMATION SYSTEMS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 308.92 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 354.46 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 60
(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)
STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City State Zip Code
Catonsville MD 21228

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 244.71

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: SA11AI.123759

Amount of Each Receipt this Period
81.57

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

Mailing Address 7824 Main Falls Creek

City State Zip Code
Catonsville MD 21228

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.28

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.123905

Amount of Each Receipt this Period
81.57

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 ▼ 212.53

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: SA11AI.124123

Amount of Each Receipt this Period
53.89

SUBTOTAL of Receipts This Page (optional) ► **217.03**

TOTAL 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 22 / 60 |
| | <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) DANNY J. HOMAN | | Date of Receipt |
| | Mailing Address 3000 Isabella | | <input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Sioux City | IA | 51103-2134 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer AFSCME IA CN 61 | | Occupation PRESIDENT | Transaction ID: SA11AI.124040 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="202.00"/> | <input type="text" value="80.00"/> |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) DANNY J. HOMAN | | Date of Receipt |
| | Mailing Address 3000 Isabella | | <input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Sioux City | IA | 51103-2134 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer AFSCME IA CN 61 | | Occupation PRESIDENT | Transaction ID: SA11AI.124154 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="244.00"/> | <input type="text" value="42.00"/> |

| | | | |
|---|--|---|---|
| C. | Full Name (Last, First, Middle Initial) EDWIN S. JAYNE | | Date of Receipt |
| | Mailing Address 3304 Alabama Avenue | | <input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Alexandria | VA | 22305 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer AFSCME INT'L | | Occupation ASSOCIATE DIRECTOR, LEGISLATION | Transaction ID: SA11AI.123913 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="214.68"/> | <input type="text" value="53.67"/> |

| | |
|--|-------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="175.67"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 / 60 |
| | <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) RUTH JERELS | | Date of Receipt | |
| | Mailing Address 1172 Winton Avenue | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124275 |
| | Akron | OH | 44320 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 50.00 | |
| Name of Employer AFSCME OH CN 8/SUMMIT COUNTY | | 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. | Full Name (Last, First, Middle Initial) JUDY A. JONES | | Date of Receipt | |
| | Mailing Address 115 S Oak Street | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123918 |
| | Falls Church | VA | 22046 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 53.67 | |
| 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 ▼ 214.68 | | |

| | | | | |
|---|---|--|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) CHARLES JURGONIS | | Date of Receipt | |
| | Mailing Address 11704 Bobs Ford Road | | M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123773 |
| | Fairfax | VA | 22030 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 154.47 | |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, FINANCIAL SERVICES | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 463.41 | | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 258.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 24 / 60 |
| | (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

| | | | | |
|---|--|--|---|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) CHARLES JURGONIS | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | |
| | Mailing Address 11704 Bobs Ford Road | | Transaction ID: SA11AI.123919 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Fairfax | VA | 22030 | 154.47 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, FINANCIAL SERVICES | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 617.88 | | |

| | | | | |
|---|--|--|---|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) GREGORY J. KING | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 | |
| | Mailing Address 147 W Linvale Street | | Transaction ID: SA11AI.123921 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Baltimore | MD | 21217 | 53.67 |
| | FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 214.68 | | |

| | | | | |
|---|--|------------------------------------|---|------------------------------------|
| C. | Full Name (Last, First, Middle Initial) KERRY KORPI | | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 | |
| | Mailing Address 8913 First Avenue | | Transaction ID: SA11AI.123777 | |
| | City | State | Zip Code | Amount of Each Receipt this Period |
| | Silver Spring | MD | 20910 | 68.77 |
| | FEC ID number of contributing federal political committee. C | | | |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, RESEARCH | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 206.31 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 276.91 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 25 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KERRY KORPI
 Mailing Address **8913 First Avenue**
 City **Silver Spring** State **MD** Zip Code **20910**
 Date of Receipt **02 / 27 / 2009**
Transaction ID: SA11AI.123923
 Amount of Each Receipt this Period **68.77**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, RESEARCH**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **275.08**

B. Full Name (Last, First, Middle Initial)
STEVEN KREISBERG
 Mailing Address **9954 Whitewater Drive**
 City **Burke** State **VA** Zip Code **22015**
 Date of Receipt **02 / 27 / 2009**
Transaction ID: SA11AI.123924
 Amount of Each Receipt this Period **53.67**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASSOCIATE DIRECTOR, RESEARCH**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **214.68**

C. Full Name (Last, First, Middle Initial)
JOSE A. LALUZ, JR.
 Mailing Address **16 E 98 Street Apt. 6F**
 City **New York** State **NY** Zip Code **10029**
 Date of Receipt **02 / 27 / 2009**
Transaction ID: SA11AI.123927
 Amount of Each Receipt this Period **56.73**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **SPECIAL PROJECTS MANAGER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **226.92**

SUBTOTAL of Receipts This Page (optional) ► **179.17**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 / 60 |
| | <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) NEILDA C. LEE | | Date of Receipt | |
| | Mailing Address 1217 Gallatin Street, NW | | M M / D D / Y Y Y Y Y 0 2 / 1 3 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123784 |
| | Washington | DC | 20011 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 88.50 | |
| 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 ▼ 265.50 | | |

| | | | | |
|---|---|---|--|--------------------------------------|
| B. | Full Name (Last, First, Middle Initial) NEILDA C. LEE | | Date of Receipt | |
| | Mailing Address 1217 Gallatin Street, NW | | M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.123930 |
| | Washington | DC | 20011 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 88.50 | |
| 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 ▼ 354.00 | | |

| | | | | |
|---|---|------------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) ERIC N. LEHTO | | Date of Receipt | |
| | Mailing Address 2122 West 2nd Street Apt. #2 | | M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124516 |
| | Duluth | MN | 55086 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 103.22 | |
| Name of Employer AFSCME MN CN 5/CN14 | | Occupation DIRECTOR | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 206.44 | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 280.22 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 / 60 |
| | <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) MICHAEL LINDHOLT | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 2752 Randolph Street NE | Transaction ID: SA11AI.124536 |
| | City State Zip Code Minneapolis MN 55418-2622 | Amount of Each Receipt this Period 120.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME MN CN 5/STATE OF MN | Occupation STAFF REPRESENTATIVE | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) CHARLES M. LOVELESS | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 1112 Euclid Street NW | Transaction ID: SA11AI.123786 |
| | City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 73.34 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation DIRECTOR, LEGISLATION | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 220.02 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) CHARLES M. LOVELESS | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 1112 Euclid Street NW | Transaction ID: SA11AI.123932 |
| | City State Zip Code Washington DC 20009 | Amount of Each Receipt this Period 73.34 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation DIRECTOR, LEGISLATION | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 293.36 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 266.68 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 60 |
| | <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) SALVATORE LUCIANO | Date of Receipt MM / DD / YYYY 02 / 19 / 2009 |
| | Mailing Address 947 Bunker Hill Road | Transaction ID: SA11AI.124041 |
| | City State Zip Code Watertown CT 06795-3231 | Amount of Each Receipt this Period 100.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME CT CN 4 | Occupation EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 264.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) SALVATORE LUCIANO | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 947 Bunker Hill Road | Transaction ID: SA11AI.124153 |
| | City State Zip Code Watertown CT 06795-3231 | Amount of Each Receipt this Period 14.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME CT CN 4 | Occupation EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 278.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) WILLIAM LUCY | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 1831 Sudbury Lane NW | Transaction ID: SA11AI.123787 |
| | City State Zip Code Washington DC 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 ▼ 399.18 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 247.06 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 29 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
WILLIAM LUCY
 Mailing Address **1831 Sudbury Lane NW**
 City **Washington** State **DC** Zip Code **20012-2202**
 Date of Receipt **02 / 27 / 2009**
Transaction ID: SA11AI.123933
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **532.24**

B. Full Name (Last, First, Middle Initial)
JOHN A. LYALL
 Mailing Address **383 Ashmoore Circle East**
 City **Powell** State **OH** Zip Code **43065**
 Date of Receipt **02 / 23 / 2009**
Transaction ID: SA11AI.124243
 Amount of Each Receipt this Period **125.66**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8** Occupation **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **265.32**

C. Full Name (Last, First, Middle Initial)
JOHN A. LYALL
 Mailing Address **383 Ashmoore Circle East**
 City **Powell** State **OH** Zip Code **43065**
 Date of Receipt **02 / 27 / 2009**
Transaction ID: SA11AI.124042
 Amount of Each Receipt this Period **14.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8** Occupation **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **279.32**

SUBTOTAL of Receipts This Page (optional) ► **272.72**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 30 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
 ROBERTA LYNCH
 Mailing Address 4650 N. Hermitage Street
 City Chicago State IL Zip Code 60640
 Date of Receipt 02 / 03 / 2009
Transaction ID: SA11AI.124043
 Amount of Each Receipt this Period 102.52
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 216.04

B. Full Name (Last, First, Middle Initial)
 ROBERTA LYNCH
 Mailing Address 4650 N. Hermitage Street
 City Chicago State IL Zip Code 60640
 Date of Receipt 02 / 27 / 2009
Transaction ID: SA11AI.124462
 Amount of Each Receipt this Period 14.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.04

C. Full Name (Last, First, Middle Initial)
 MICHAEL MANN
 Mailing Address 15103 Hunter Mountain Lane
 City Silver Spring State MD Zip Code 20906
 Date of Receipt 02 / 27 / 2009
Transaction ID: SA11AI.123935
 Amount of Each Receipt this Period 53.67
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, AUDITING
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 214.68

SUBTOTAL of Receipts This Page (optional) ► **170.19**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 / 60 |
| | <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) ELISSA MCBRIDE | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 9 Sherman Avenue | Transaction ID: SA11AI.123792 |
| | City State Zip Code Takoma Park MD 20912 | Amount of Each Receipt this Period 103.15 |
| | FEC ID number of contributing federal political committee. C | |
| 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 ▼ 309.45 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) ELISSA MCBRIDE | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 9 Sherman Avenue | Transaction ID: SA11AI.123938 |
| | City State Zip Code Takoma Park MD 20912 | Amount of Each Receipt this Period 103.15 |
| | FEC ID number of contributing federal political committee. C | |
| 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 ▼ 412.60 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MARGARET MCCANN | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 103 Lynnmore Drive | Transaction ID: SA11AI.123940 |
| | City State Zip Code Silver Spring MD 20901 | Amount of Each Receipt this Period 57.03 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation ASSOCIATE GENERAL COUNSEL II | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 221.09 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 263.33 |
| TOTAL 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 32 / 60 |
| | <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) GERALD MCENTEE | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 800 25th Street NW Apt. #406 | Transaction ID: SA11AI.123796 |
| | City Washington State DC Zip Code 20037-2207 | Amount of Each Receipt this Period 156.83 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 470.49 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) GERALD MCENTEE | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 800 25th Street NW Apt. #406 | Transaction ID: SA11AI.123942 |
| | City Washington State DC Zip Code 20037-2207 | Amount of Each Receipt this Period 156.83 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME INT'L Occupation PRESIDENT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 627.32 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) LEILA MCMULLEN | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 3014 Laurel Avenue | Transaction ID: SA11AI.123944 |
| | City Cheverly State MD Zip Code 20785 | Amount of Each Receipt this Period 54.42 |
| | FEC ID number of contributing federal political committee. C | |
| | 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) <input type="checkbox"/> Aggregate Year-to-Date 217.68 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 368.08 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 / 60 |
| | <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) GLEN MIDDLETON | Date of Receipt MM / DD / YYYY 02 / 10 / 2009 |
| | Mailing Address 5108 Yellowwood Ave | Transaction ID: SA11AI.124044 |
| | City State Zip Code Baltimore MD 21209-4611 | Amount of Each Receipt this Period 180.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME MD CN 67 EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 374.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) GLEN MIDDLETON | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 5108 Yellowwood Ave | Transaction ID: SA11AI.124156 |
| | City State Zip Code Baltimore MD 21209-4611 | Amount of Each Receipt this Period 14.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME MD CN 67 EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 388.00 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) HAROLD F. MITCHELL | Date of Receipt MM / DD / YYYY 02 / 23 / 2009 |
| | Mailing Address 3999 Kensingwood Drive | Transaction ID: SA11AI.124249 |
| | City State Zip Code Columbus OH 43230 | Amount of Each Receipt this Period 111.74 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME OH CN 8 ASSISTANT ORGANIZING DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 223.48 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 305.74 |
| TOTAL 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 34 / 60
(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)
JAMES B. NILAND

Mailing Address 2728 Pleasant Ave

City State Zip Code
Minneapolis MN 55408

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11AI.124524

Amount of Each Receipt this Period
130.00

B.

Full Name (Last, First, Middle Initial)
HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City State Zip Code
Centerville VA 20120

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

Name of Employer Occupation
AFSCME INT'L DIRECTOR, GENERAL SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.123953

Amount of Each Receipt this Period
59.00

C.

Full Name (Last, First, Middle Initial)
GINA R L PACHECO

Mailing Address P.O. Box 5488

City State Zip Code
Hilo HI 96720

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2009

Transaction ID: SA11AI.124460

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **389.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 60
(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)
CHERYL PARISI

Mailing Address 1932 Walcott Way

City State Zip Code
Los Angeles CA 90039

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

Name of Employer Occupation
AFSCME CA CN 36 BUSINESS REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2009

Transaction ID: SA11AI.124835

Amount of Each Receipt this Period
70.00

B.

Full Name (Last, First, Middle Initial)
NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City State Zip Code
Laurel MD 20708

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

Name of Employer Occupation
AFSCME INT'L ASSOCIATE GENERAL COUNSEL I

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 206.92

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.123960

Amount of Each Receipt this Period
51.73

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.124158

Amount of Each Receipt this Period
70.00

SUBTOTAL of Receipts This Page (optional) ► **191.73**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 / 60 |
| | <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) STEPHEN REGENSTREIF | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 3214 38th Street NW | Transaction ID: SA11AI.123964 |
| | City State Zip Code Washington DC 20016 | Amount of Each Receipt this Period 59.00 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation DIRECTOR, RETIREE PROGRAMS | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 236.00 | |

| | | |
|---|---|---|
| B. | Full Name (Last, First, Middle Initial) JESSICA R. ROBINSON | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 7901 Chicago Avenue | Transaction ID: SA11AI.123822 |
| | City State Zip Code SilverSpring MD 20910 | Amount of Each Receipt this Period 70.38 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation ASSOCIATE GENERAL COUNSEL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 211.14 | |

| | | |
|---|---|---|
| C. | Full Name (Last, First, Middle Initial) JESSICA R. ROBINSON | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 7901 Chicago Avenue | Transaction ID: SA11AI.123966 |
| | City State Zip Code SilverSpring MD 20910 | Amount of Each Receipt this Period 70.38 |
| | FEC ID number of contributing federal political committee. C | |
| Name of Employer AFSCME INT'L | Occupation ASSOCIATE GENERAL COUNSEL | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 281.52 | |

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| SUBTOTAL of Receipts This Page (optional) | ▶ | 199.76 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 / 60 |
| | <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) LAWRENCE ROEHRIG | | Date of Receipt | |
| | Mailing Address 13084 Lia Court | | M M / D D / Y Y Y Y Y 0 2 / 0 3 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124087 |
| | Lindon | MI | 48451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 106.05 | |
| 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 ▼ | | |
| | | 312.06 | | |

| | | | | |
|---|---|----------------------------------|--|--------------------------------------|
| 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 2 / 1 9 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124132 |
| | Lindon | MI | 48451 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 106.05 | |
| 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 ▼ | | |
| | | 418.11 | | |

| | | | | |
|---|---|----------------------------------|--|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA | | Date of Receipt | |
| | Mailing Address 4771 Powderhorn Lane | | M M / D D / Y Y Y Y Y 0 2 / 0 4 / 2 0 0 9 | |
| | City | State | Zip Code | Transaction ID: SA11AI.124385 |
| | Westerville | OH | 43081 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 85.00 | |
| 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 ▼ | | |
| | | 269.00 | | |

| | | |
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| SUBTOTAL of Receipts This Page (optional) | ▶ | 297.10 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 / 60 |
| | <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 02 / 20 / 2009 |
| | Mailing Address 4771 Powderhorn Lane | Transaction ID: SA11AI.124444 |
| | City State Zip Code Westerville OH 43081 | Amount of Each Receipt this Period 85.00 |
| | 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 ▼ 354.00 | |

| | | |
|---|--|---|
| B. | Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 4771 Powderhorn Lane | Transaction ID: SA11AI.124050 |
| | 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 ▼ 368.00 | |

| | | |
|---|--|---|
| C. | Full Name (Last, First, Middle Initial) LEE ALAN SAUNDERS | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 7510 Alaska Avenue, NW | Transaction ID: SA11AI.123826 |
| | City State Zip Code Washington DC 20012 | Amount of Each Receipt this Period 89.87 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Occupation AFSCME INT'L EXECUTIVE ASSISTANT TO PRESIDENT | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.61 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 188.87 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 60
(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)
LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City State Zip Code
Washington DC 20012

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 359.48

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.123970

Amount of Each Receipt this Period
89.87

B.

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

Mailing Address 11007 Pompey Drive

City State Zip Code
Upper Malboro MD 20772

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE OFFICE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 217.68

Date of Receipt
MM / DD / YYYY
02 / 27 / 2009

Transaction ID: SA11AI.123971

Amount of Each Receipt this Period
54.42

C.

Full Name (Last, First, Middle Initial)
LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City State Zip Code
Alexandria VA 22314-3514

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

Name of Employer Occupation
AFSCME INT'L DIRECTOR, POLITICAL ACTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.02

Date of Receipt
MM / DD / YYYY
02 / 13 / 2009

Transaction ID: SA11AI.123828

Amount of Each Receipt this Period
73.34

SUBTOTAL of Receipts This Page (optional) ► **217.63**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 40 / 60 |
| | <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) LAWRENCE SCANLON | | Date of Receipt |
| | Mailing Address 1108 Duke Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | Alexandria | VA | 22314-3514 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123972 |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, POLITICAL ACTION | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 293.36 | 73.34 |

| | | | |
|---|---|---|--|
| B. | Full Name (Last, First, Middle Initial) JAMES SCHMITZ | | Date of Receipt |
| | Mailing Address 15237 Dufief Drive | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 3 / 2 0 0 9 |
| | City | State | Zip Code |
| | North Potomac | MD | 20878 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123829 |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, ORGANIZING & FIELD SVCS | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 220.02 | 73.34 |

| | | | |
|---|---|---|--|
| C. | Full Name (Last, First, Middle Initial) JAMES SCHMITZ | | Date of Receipt |
| | Mailing Address 15237 Dufief Drive | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 9 |
| | City | State | Zip Code |
| | North Potomac | MD | 20878 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123973 |
| Name of Employer AFSCME INT'L | | Occupation DIRECTOR, ORGANIZING & FIELD SVCS | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 293.36 | 73.34 |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 220.02 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 / 60 |
| | <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 SCHNAUFER | | Date of Receipt |
| | Mailing Address 400 South Flower #65 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Orange | CA | 92868 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.124836 |
| Name of Employer AFSCME CA CN 36 | | Occupation BUSINESS REPRESENTATIVE | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 210.72 | 70.24 |

| | | | |
|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MARY SCHWANGER | | Date of Receipt |
| | Mailing Address 419 Valley Street | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Marysville | PA | 17053 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.124720 |
| Name of Employer AFSCME PA CN 13 | | Occupation STAFF REPRESENTATIVE | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 213.84 | 106.92 |

| | | | |
|---|---|--|---|
| C. | Full Name (Last, First, Middle Initial) JOHN SEFERIAN | | Date of Receipt |
| | Mailing Address 1425 Foxhall Road, NW | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
| | City | State | Zip Code |
| | Washington | DC | 20007 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.123832 |
| Name of Employer AFSCME INT'L | | Occupation CHAIRPERSON, JUDICIAL PANEL | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 257.64 | 85.88 |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 263.04 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 60
(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) JOHN SEFERIAN | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 1425 Foxhall Road, NW | | Transaction ID: SA11AI.123976 |
| City Washington | State DC | Zip Code 20007 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 85.88 |
| 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 ▼ 343.52 | |

B.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) ELIOT A. SEIDE | | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| Mailing Address 300 Hardman Avenue South | | Transaction ID: SA11AI.124052 |
| City South St. Paul | State MN | Zip Code 55075 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 14.00 |
| Name of Employer AFSCME MN CN 5/CN14 | Occupation EXECUTIVE DIRECTOR | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.72 | |

C.

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) DOMINIC SGRO | | Date of Receipt MM / DD / YYYY 02 / 11 / 2009 |
| Mailing Address 144 Stormer Road | | Transaction ID: SA11AI.124721 |
| City Indiana | State PA | Zip Code 15701-0144 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 106.92 |
| 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 ▼ 213.84 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 206.80 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 43 / 60 |
| | <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) SHARON SOBER | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 212 5th Street | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 1 | 1 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | | 1 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Catawissa PA 17820 | | Transaction ID: SA11AI.124725 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 106.92 | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▼ 213.84 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) MICHAEL E. SUKAL | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 852 Darlington Drive | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Avon IN 46123 | | Transaction ID: SA11AI.123983 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 52.96 | | | | | | | | | | | | | | | | | | | | | | |
| 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 ▼ 211.84 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) MARY E. SULLIVAN | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 61 Woodside Drive | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Albany NY 12208-1157 | | Transaction ID: SA11AI.124149 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer AFSCME NY LOC 1000 | | Occupation EXECUTIVE VICE PRESIDENT | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 260.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|--|---|--------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 259.88 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 / 60 |
| | <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) JEFFREY M. TAGGART | Date of Receipt MM / DD / YYYY 02 / 13 / 2009 |
| | Mailing Address 12001 Market Street Unit 450 | Transaction ID: SA11AI.123841 |
| | City Reston State VA Zip Code 20190 | Amount of Each Receipt this Period 107.34 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 322.02 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 12001 Market Street Unit 450 | Transaction ID: SA11AI.123985 |
| | City Reston State VA Zip Code 20190 | Amount of Each Receipt this Period 107.34 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 429.36 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) ALDO E. VENNETILLI | Date of Receipt MM / DD / YYYY 02 / 27 / 2009 |
| | Mailing Address 1087 Country Coach Drive | Transaction ID: SA11AI.123990 |
| | City Henderson State NV Zip Code 89002 | Amount of Each Receipt this Period 60.31 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer AFSCME INT'L Occupation INTERNATIONAL UNION REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 241.24 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 274.99 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 60
(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)
FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City Henderson State NV Zip Code 89074

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

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt: 02 / 27 / 2009
Transaction ID: SA11AI.123991

Amount of Each Receipt this Period: 59.00

B.

Full Name (Last, First, Middle Initial)
LONITA M. WAYBRIGHT

Mailing Address 3008 Athens Circle

City Bowie State MD Zip Code 20716

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.69

Date of Receipt: 02 / 13 / 2009
Transaction ID: SA11AI.123849

Amount of Each Receipt this Period: 74.23

C.

Full Name (Last, First, Middle Initial)
LONITA M. WAYBRIGHT

Mailing Address 3008 Athens Circle

City Bowie State MD Zip Code 20716

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, BENEFITS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 296.92

Date of Receipt: 02 / 27 / 2009
Transaction ID: SA11AI.123993

Amount of Each Receipt this Period: 74.23

SUBTOTAL of Receipts This Page (optional) ► **207.46**

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

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 46 / 60 |
| | (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) LARRY P. WEINBERG | | Date of Receipt |
| Mailing Address 1730 Chesterford Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| City State Zip Code McLean VA 22101 | | <input type="text"/> 0 2 / <input type="text"/> 1 3 / <input type="text"/> 2 0 0 9 |
| FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | | Transaction ID: SA11AI.123851 |
| Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 89.87 |
| Aggregate Year-to-Date ▼ <input type="text"/> 269.61 | | |

B.

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) LARRY P. WEINBERG | | Date of Receipt |
| Mailing Address 1730 Chesterford Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y |
| City State Zip Code McLean VA 22101 | | <input type="text"/> 0 2 / <input type="text"/> 2 7 / <input type="text"/> 2 0 0 9 |
| FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/> | | Transaction ID: SA11AI.123995 |
| Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL | | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="text"/> 89.87 |
| Aggregate Year-to-Date ▼ <input type="text"/> 359.48 | | |

| | |
|--|-------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 179.74 |
| TOTAL This Period (last page this line number only) | <input type="text"/> 10342.31 |

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

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

FOR LINE NUMBER: PAGE 47 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY
 Mailing Address 125 Barclay Street
 City State Zip Code
 New York NY 10007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 54656.50
 Date of Receipt: M M / D D / Y Y Y Y Y Y
 0 2 / 0 3 / 2 0 0 9
 Transaction ID: SA12.123391
 Amount of Each Receipt this Period 54656.50

B. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37-AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY
 Mailing Address 125 Barclay Street
 City State Zip Code
 New York NY 10007
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 68848.24
 Date of Receipt: M M / D D / Y Y Y Y Y Y
 0 2 / 2 5 / 2 0 0 9
 Transaction ID: SA12.123539
 Amount of Each Receipt this Period 14191.74

SUBTOTAL of Receipts This Page (optional) ► 68848.24
TOTAL This Period (last page this line number only) ► 68848.24

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 60
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
SHERATON DENVER HOTEL

Mailing Address 1550 Court Street

City State Zip Code
Denver CO 80202

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2981.05

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

Transaction ID: SA15.123540

Amount of Each Receipt this Period
2981.05

Refund/Hotel Charges

B. Full Name (Last, First, Middle Initial)
THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
561.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA15.123409

Amount of Each Receipt this Period
561.00

Refund

C. Full Name (Last, First, Middle Initial)
THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City State Zip Code
Philadelphia PA 19103

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1722.95

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

Transaction ID: SA15.123410

Amount of Each Receipt this Period
1161.95

Refund

SUBTOTAL of Receipts This Page (optional) ► **4704.00**

TOTAL This Period (last page this line number only) ► **4704.00**

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 49 / 60 | |
| | (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

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| 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>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 2 | | 2 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City | State | Zip Code | Transaction ID: SA17.123550 | | | | | | | | | | | | | | | | | | | | |
| | New York | NY | 10001 | Amount of Each Receipt this Period | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. | | C | 373.83 | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer | | Occupation | Interest income 2/27/2008 | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: | | Aggregate Year-to-Date ▼ | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 790.62 | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 373.83 |
| TOTAL This Period (last page this line number only) | 373.83 |

**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 50 / 60

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) AMALGAMATED BANK | Transaction ID: SB21B.123536 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | 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>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 5 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 5 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City New York State NY Zip Code 10001 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Interest payment 2/28/2009 Candidate Name | <table border="1"><tr><td>11602.21</td></tr></table> | 11602.21 | | | | | | | | | | | | | | | | | | |
| 11602.21 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 001 Category/Type | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B. | Full Name (Last, First, Middle Initial) AMERICAN EXPRESS | Transaction ID: SB21B.123527 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address P.O. Box 53852 | <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>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 2 | 0 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Phoenix State AZ Zip Code 85072-3852 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Merchant Service Charges 2/17/09 Candidate Name | <table border="1"><tr><td>8.20</td></tr></table> | 8.20 | | | | | | | | | | | | | | | | | | |
| 8.20 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 001 Category/Type | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C. | Full Name (Last, First, Middle Initial) BART GROUP | Transaction ID: SB21B.123552 Date of Disbursement | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 171 Main Street | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 2 | | 0 | 4 | | 2 | 0 | 0 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 2 | | 0 | 4 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| | City Port Washington State NY Zip Code 11050 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement Merchant Service Charges 2/4/09 Candidate Name | <table border="1"><tr><td>18.08</td></tr></table> | 18.08 | | | | | | | | | | | | | | | | | | |
| 18.08 | | | | | | | | | | | | | | | | | | | | | |
| | 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) ▼ | | | | | | | | | | | | | | | | | | | |
| | | 001 Category/Type | | | | | | | | | | | | | | | | | | | |

| | | |
|--|--|----------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>11628.49</td></tr></table> | 11628.49 |
| 11628.49 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

PAGE 51 / 60

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) CLARK AMERICAN | Transaction ID: SB21B.123555 Date of Disbursement 02 / 04 / 2009 |
| | Mailing Address 10931 Laureate Drive | Amount of Each Disbursement this Period 31.00 |
| | City San Antonio State TX Zip Code 78249 | |
| | Purpose of Disbursement Endorsement stamp for bank account | 001 Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) DISCOVER NETWORK | Transaction ID: SB21B.123553 Date of Disbursement 02 / 18 / 2009 |
| | Mailing Address P.O. Box 3016 | Amount of Each Disbursement this Period 2.43 |
| | City New Albany State OH Zip Code 43054 | |
| | Purpose of Disbursement Merchant Service Charges 2/18/09 | 001 Category/Type |
| | Candidate Name | |
| | 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) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) JAMES TREFRY | Transaction ID: SB21B.123406 Date of Disbursement 02 / 11 / 2009 |
| | Mailing Address 4610 Colby Avenue | Amount of Each Disbursement this Period 335.00 |
| | City Everett State WA Zip Code 98203 | |
| | Purpose of Disbursement Per Diem & Transp/Delegate/DNC 2008 | 002 Category/Type |
| | Candidate Name | |
| | 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) ▼ |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 368.43 |
| TOTAL This Period (last page this line number only) | 11996.92 |

**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 52 / 60

| | | | | | |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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: SB22.123392

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

29500.00

SUBTOTAL of Disbursements This Page (optional) ▶

29500.00

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

29500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.123505
Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City State Zip Code
Elmhurst NY 11373

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 07

Transaction ID: SB23.123547
Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

2000.00

C. Full Name (Last, First, Middle Initial)
DONALD PAYNE FOR US CONGRESS

Mailing Address P.O. Box 2406

City State Zip Code
Newark NJ 07114

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 10

Transaction ID: SB23.123546
Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

2500.00

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

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) FRANKEN RECOUNT FUND | Transaction ID: SB23.123394 |
| | Mailing Address 2575 University Avenue West Suite 100 | Date of Disbursement 02 / 11 / 2009 |
| | City St. Paul State MN Zip Code 55114 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 | Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER | Transaction ID: SB23.123393 |
| | Mailing Address 426 C Street NE | Date of Disbursement 02 / 05 / 2009 |
| | City Washington State DC Zip Code 20002 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Contribution Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD | Transaction ID: SB23.123541 |
| | Mailing Address P.O. Box 270701 | Date of Disbursement 02 / 26 / 2009 |
| | City West Hartford State CT Zip Code 06127-0000 | Amount of Each Disbursement this Period 5000.00 |
| | Purpose of Disbursement Contribution (Debt) Candidate Name | 011 Category/ Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 15000.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER:
(check only one)

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

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

| | | |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD | Transaction ID: SB23.123543 Date of Disbursement |
| | Mailing Address P.O. Box 270701 | <input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
| | City West Hartford State CT Zip Code 06127-0000 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution Candidate Name | <input type="text" value="1500.00"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 | <input type="text" value="011"/> Category/Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF JIM LANGEVIN | Transaction ID: SB23.123511 Date of Disbursement |
| | Mailing Address P.O. Box 8378 | <input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2009"/> |
| | City Warwick State RI Zip Code 02888 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution Candidate Name | <input type="text" value="1000.00"/> |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 | <input type="text" value="011"/> Category/Type |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial) FRITCHEY FOR US | Transaction ID: SB23.123405 Date of Disbursement |
| | Mailing Address 1511 W. Barry | <input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2009"/> |
| | City Chicago State IL Zip Code 60657 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement Contribution Candidate Name | <input type="text" value="5000.00"/> |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 | <input type="text" value="011"/> Category/Type |
| | Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary | |

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)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
SCOTT MURPHY FOR CONGRESS

Transaction ID: SB23.123534

Date of Disbursement

Mailing Address 3 Warren Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 3 | | 2 | 0 | 0 | 9 |

City State Zip Code
Glens Falls NY 12801

Amount of Each Disbursement this Period

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

Purpose of Disbursement
Contribution

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

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2009
 Primary General
 Other (specify) ▼
Special-Primary

B.

Full Name (Last, First, Middle Initial)
SCOTT MURPHY FOR CONGRESS

Transaction ID: SB23.123551

Date of Disbursement

Mailing Address 3 Warren Street

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 2 | 6 | | 2 | 0 | 0 | 9 |

City State Zip Code
Glens Falls NY 12801

Amount of Each Disbursement this Period

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

Purpose of Disbursement
Contribution

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

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 20

Disbursement For: 2009
 Primary General
 Other (specify) ▼
Special-General

SUBTOTAL of Disbursements This Page (optional)

| |
|----------|
| 10000.00 |
|----------|

TOTAL This Period (last page this line number only)

| |
|----------|
| 54500.00 |
|----------|

**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 58 / 60

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|--|
| <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

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City State Zip Code
New York NY 10001

Purpose of Disbursement
Loan payment

Candidate Name

009
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB26.123538

Date of Disbursement

02 / 25 / 2009

Amount of Each Disbursement this Period

412508.00

SUBTOTAL of Disbursements This Page (optional)

412508.00

TOTAL This Period (last page this line number only)

412508.00

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)

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

Transaction ID: SC/10.117185

LOAN SOURCE Full Name (Last, First, Middle Initial)
AMALGAMATED BANK

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address 275 7th Avenue

City New York State NY ZIP Code 10001

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 2000000.00 | 822625.16 | 1177374.84 |

TERMS

Date Incurred: MM DD YY 10 02 2008 Date Due: 12/31/2009 Interest Rate: 6.00 % (apr) Secured: Yes 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: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

| | | |
|---|---|------------|
| SUBTOTALS This Period This Page (optional) | ▶ | 1177374.84 |
| TOTALS This Period (last page in this line only) | ▶ | |

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)

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

LOANS

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E
Transaction ID: SC/10.117186

| | | |
|--|----------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) AMALGAMATED BANK | | Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 275 7th Avenue | | |
| City New York | State NY | ZIP Code 10001 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 3000000.00 | 0.00 | 3000000.00 |

TERMS

| | | | |
|----------------------------|------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M M 10 D D 14 Y Y Y Y 2008 | 12/31/2009 | 6.00 % (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: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | | |
|---|---|------------|
| SUBTOTALS This Period This Page (optional) | ▶ | 300000.00 |
| TOTALS This Period (last page in this line only) | ▶ | 4177374.84 |

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