

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

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

ADDRESS (number and street)

1625 L Street NW  
Washington DC 20036

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼**

C C00011114

**CITY ▲ STATE ▲ ZIP CODE ▲**

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

4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" type="checkbox"/> Jan 31 (YE)                |

- (c) 12-Day **PRE-Election** Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day **POST-Election** Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on  /  /  in the State of

5. **Covering Period**

/  /  through  /  /

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

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer LAURA REYES

[Electronically Filed]

Date 12 / 31 / 2012

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							
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="5966055.18"/>	<input type="text" value="5966055.18"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="552876.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="998369.23"/>	<input type="text" value="13019813.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1551245.36"/>	<input type="text" value="18985868.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="77199.24"/>	<input type="text" value="17511822.22"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1474046.12"/>	<input type="text" value="1474046.12"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="3500000.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2012 To: M M / D D / Y Y Y Y 12 / 31 / 2012

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).....	135523.71	721515.22
(ii) Unitemized .....	815826.56	7540461.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	951350.27	8261976.22
(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) .....	951350.27	8261976.22
12. Transfers From Affiliated/Other Party Committees.....	46563.05	625891.03
13. All Loans Received .....	0.00	4100000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	7966.09
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	455.91	17479.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	998369.23	13019813.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	998369.23	13019813.16

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	28469.24	399584.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	28469.24	399584.67
22. Transfers to Affiliated/Other Party Committees.....	36000.00	2264444.55
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12312.00	1791213.10
24. Independent Expenditures (use Schedule E) .....	0.00	12449401.60
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	600000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	418.00	7178.30
(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)).....	418.00	7178.30
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	77199.24	17511822.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77199.24	17511822.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	951350.27	8261976.22
34. Total Contribution Refunds (from Line 28(d)) .....	418.00	7178.30
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	950932.27	8254797.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	28469.24	399584.67
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	7966.09
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	28469.24	391618.58

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

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

FOR LINE NUMBER: PAGE 6 OF 1358  
(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**

Full Name (Last, First, Middle Initial)  
**A. JEFFREY S. ABBE**

Mailing Address P.O. Box 486

City State Zip Code  
 Harold KY 41635

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

Name of Employer Occupation  
 AFSCME INT'L ORGANIZER II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1429.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281539**

Amount of Each Receipt this Period  
 63.62

Full Name (Last, First, Middle Initial)  
**B. JEFFREY S. ABBE**

Mailing Address P.O. Box 486

City State Zip Code  
 Harold KY 41635

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

Name of Employer Occupation  
 AFSCME INT'L ORGANIZER II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1492.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281733**

Amount of Each Receipt this Period  
 63.62

Full Name (Last, First, Middle Initial)  
**C. JEFFREY S. ABBE**

Mailing Address P.O. Box 486

City State Zip Code  
 Harold KY 41635

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

Name of Employer Occupation  
 AFSCME INT'L ORGANIZER II

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1556.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281925**

Amount of Each Receipt this Period  
 63.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.86

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KAREN ABBIATICI</b>		Date of Receipt
Mailing Address 4602 W. Barlind		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pittsburgh	PA	15227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282609</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	SECRETARY	<input type="text" value="60.83"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="592.73"/>	

Full Name (Last, First, Middle Initial) <b>B. ARNOLD D. ABE</b>		Date of Receipt
Mailing Address P.O. Box 1208		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Haiku	HI	96708
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME HI LOC 152	STAFF REPRESENTATIVE	<input type="text" value="21.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JULIE K. ABEL</b>		Date of Receipt
Mailing Address 4109 S. 147 Plaza #204		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Omaha	NE	68137
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286915</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME NE LOC 61	STAFF REPRESENTATIVE	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="580.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="161.83"/>
<b>TOTAL</b> 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 8 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JULIE K. ABEL</b>		Date of Receipt
Mailing Address 4109 S. 147 Plaza #204		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Omaha	State NE	Zip Code 68137
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286916</b>
Name of Employer AFSCME NE LOC 61		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="600.00"/>		

Full Name (Last, First, Middle Initial) <b>B. RICHARD ABELSON</b>		Date of Receipt
Mailing Address 4315 N. Lake Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Shorewood	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286864</b>
Name of Employer AFSCME WI CN 48		Amount of Each Receipt this Period
Occupation EXECUTIVE DIRECTOR		<input type="text" value="168.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1022.00"/>		

Full Name (Last, First, Middle Initial) <b>C. RICHARD ABELSON</b>		Date of Receipt
Mailing Address 4315 N. Lake Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Shorewood	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284161</b>
Name of Employer AFSCME WI CN 48		Amount of Each Receipt this Period
Occupation EXECUTIVE DIRECTOR		<input type="text" value="14.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1036.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="202.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RICHARD ABELSON</b>			Date of Receipt
Mailing Address 4315 N. Lake Drive			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286863</b>
Shorewood	WI	53211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="42.00"/>
Name of Employer	Occupation		
AFSCME WI CN 48	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1078.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RICHARD ABELSON</b>			Date of Receipt
Mailing Address 4315 N. Lake Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284191</b>
Shorewood	WI	53211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.00"/>
Name of Employer	Occupation		
AFSCME WI CN 48	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1092.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. HOWARD ABERNATHY</b>			Date of Receipt
Mailing Address 13268 Wellesley Drive			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282929</b>
Pickerington	OH	43147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	PROGRAMMER/ANALYST V		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="66.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 1358
	<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. HOWARD ABERNATHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 13268 Wellesley Drive

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST V
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283297**

Amount of Each Receipt this Period  
10.00

**B. HOWARD ABERNATHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 13268 Wellesley Drive

City Pickerington	State OH	Zip Code 43147
----------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST V
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283660**

Amount of Each Receipt this Period  
10.00

**C. TRACEY ABMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3136 N. Seminary Avenue

City Chicago	State IL	Zip Code 60657-3309
-----------------	-------------	------------------------

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

Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF ORGANIZER
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1021.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284824**

Amount of Each Receipt this Period  
87.72

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.72
<b>TOTAL</b> This Period (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 11 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. TRACEY ABMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3136 N. Seminary Avenue

City Chicago	State IL	Zip Code 60657-3309
-----------------	-------------	------------------------

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

Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF ORGANIZER
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1109.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284643**

Amount of Each Receipt this Period  
87.72

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

Mailing Address 7924 SE Yosemite

City Port Orchard	State WA	Zip Code 98367
----------------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284063**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 7924 SE Yosemite

City Port Orchard	State WA	Zip Code 98367
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284112**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 1358
	<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. CATHYRN ACTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore State MD Zip Code 21230

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

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
699.84

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284427**

Amount of Each Receipt this Period  
58.32

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

Mailing Address 468 Hudson Avenue

City Newark State OH Zip Code 43055

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

Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.282135**

Amount of Each Receipt this Period  
40.00

**C. DAVID ADAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 Hudson Avenue

City Newark State OH Zip Code 43055

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

Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.282190**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.32

**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 13 OF 1358
	<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	<input type="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. DAVID ADAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 Hudson Avenue

City Newark	State OH	Zip Code 43055
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282246**

Amount of Each Receipt this Period  
200.00

**B. PAULA R. ADAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 9011 Walnut Court

City N. Ridgeville	State OH	Zip Code 44039
-----------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/NO. RIDGEVILLE	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282364**

Amount of Each Receipt this Period  
19.24

**C. TOMMY SUE ADAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 Hudson Avenue

City Newark	State OH	Zip Code 43055
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/NEWARK CS	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
364.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282365**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.86
<b>TOTAL</b> This Period (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 OF 1358
	<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. TOMMY SUE ADAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 468 Hudson Avenue

City Newark State OH Zip Code 43055

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

Name of Employer AFSCME OH LOC 4/NEWARK CS Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.02**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.282366**

Amount of Each Receipt this Period **19.24**

**B. THERESA M. ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1187 Baby Doll Road SE

City Port Orchard State WA Zip Code 98366

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **276.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285580**

Amount of Each Receipt this Period **12.00**

**C. THERESA M. ADAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1187 Baby Doll Road SE

City Port Orchard State WA Zip Code 98366

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.285858**

Amount of Each Receipt this Period **12.00**

**SUBTOTAL** of Receipts This Page (optional)..... **43.24**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JUSTIN DUA ADDINGTON</b>		Date of Receipt
Mailing Address 219 Fortney Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
New Lexington	OH	43764
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283662</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ADETOKUNBO ADEWUYI</b>		Date of Receipt
Mailing Address 1405 Twin Circle Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
South Windsor	CT	06074-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287326</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="72.00"/>
Name of Employer	Occupation	
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) <b>C. TABITHA A. ADKINS</b>		Date of Receipt
Mailing Address 2521 Prospect Upr Sand Road		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Marion	OH	43302
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283301</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	STOREKEEPER II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="202.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> 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 16 OF 1358
	<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. TABITHA A. ADKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2521 Prospect Upr Sand Road

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STOREKEEPER II
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.283664**

Amount of Each Receipt this Period  

10.00
-------

**B. MICHEAL AFOLABI**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 Cirle Avenue

City Forest Park	State IL	Zip Code 60130
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		03		2012

**Transaction ID : SA11AI.285337**

Amount of Each Receipt this Period  

16.80
-------

**C. MICHEAL AFOLABI**  
Full Name (Last, First, Middle Initial)

Mailing Address 214 Cirle Avenue

City Forest Park	State IL	Zip Code 60130
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.40**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.285460**

Amount of Each Receipt this Period  

8.40
------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35.20</b>
<b>TOTAL</b> This Period (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 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ADIL AHMED</b>		Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	MD	21230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284428</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MD CN 982	STAFF REPRESENTATIVE	<input type="text" value="42.08"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="504.96"/>	

Full Name (Last, First, Middle Initial) <b>B. AUDREY AHRENS</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285581</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="11.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="253.00"/>	

Full Name (Last, First, Middle Initial) <b>C. AUDREY AHRENS</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285859</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="11.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="264.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="64.08"/>
<b>TOTAL</b> 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 18 OF 1358  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. SAMUEL K. AH YUEN JR.**

Mailing Address 1239 Gulick Avenue

City Honolulu State HI Zip Code 96819

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

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
**12 / 05 / 2012**

**Transaction ID : SA11AI.285019**

Amount of Each Receipt this Period  
**21.00**

Full Name (Last, First, Middle Initial)  
**B. AUDREY AKI**

Mailing Address 66-370 Paalaa Road

City Haleiwa State HI Zip Code 96712

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

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 05 / 2012**

**Transaction ID : SA11AI.285020**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**C. GERALD T AKO**

Mailing Address 888 Mililani Street Suite 601

City Honolulu State HI Zip Code 96813-2991

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

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**12 / 05 / 2012**

**Transaction ID : SA11AI.285021**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **71.00**

**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 19 OF 1358
	<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. MUSILIU ADE ALAGBALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5701 N. Sheridan #10A  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **767.36**

Date of Receipt **12 / 03 / 2012**  
**Transaction ID : SA11AI.284826**  
 Amount of Each Receipt this Period **69.76**

**B. MUSILIU ADE ALAGBALA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5701 N. Sheridan #10A  
 City Chicago State IL Zip Code 60660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **837.12**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.284645**  
 Amount of Each Receipt this Period **69.76**

**C. SUMBUL ALAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 W. Ostend Street Suite 101  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **469.92**

Date of Receipt **12 / 10 / 2012**  
**Transaction ID : SA11AI.284429**  
 Amount of Each Receipt this Period **39.16**

**SUBTOTAL** of Receipts This Page (optional)..... **178.68**  
**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 20 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOAN ALBAUGH</b>		Date of Receipt
Mailing Address 66490 Wintergreen Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Lore City State OH Zip Code 43755		<b>Transaction ID : SA11Al.282367</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.47"/>
Name of Employer AFSCME OH LOC 4/GUERNSEY CNTY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="922.46"/>	

Full Name (Last, First, Middle Initial) <b>B. THORNTON P. ALBERG</b>		Date of Receipt
Mailing Address 615 136th Street E		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Tacoma State WA Zip Code 98445		<b>Transaction ID : SA11Al.285582</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="575.00"/>	

Full Name (Last, First, Middle Initial) <b>C. THORNTON P. ALBERG</b>		Date of Receipt
Mailing Address 615 136th Street E		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Tacoma State WA Zip Code 98445		<b>Transaction ID : SA11Al.285860</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="88.47"/>
<b>TOTAL</b> 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 21 OF 1358
	<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. SHIRA Y. ALBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 N Sycamore Avenue #306

City Los Angeles State CA Zip Code 90036

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11Al.287036**

Amount of Each Receipt this Period 60.00

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

Mailing Address 625 N Sycamore Avenue #306

City Los Angeles State CA Zip Code 90036

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11Al.287124**

Amount of Each Receipt this Period 20.00

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

Mailing Address 625 N Sycamore Avenue #306

City Los Angeles State CA Zip Code 90036

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11Al.287212**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 1358
	<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. MAUREEN E. ALBIETZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34352 Lorain Road  
 City North Ridgeville State OH Zip Code 44039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/STRONGSVILLE CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **222.78**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.282368**  
 Amount of Each Receipt this Period **9.62**

**B. MAUREEN E. ALBIETZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34352 Lorain Road  
 City North Ridgeville State OH Zip Code 44039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/STRONGSVILLE CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **242.02**

Date of Receipt **12 / 20 / 2012**  
**Transaction ID : SA11AI.282369**  
 Amount of Each Receipt this Period **19.24**

**C. SHANA ALDERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Chippewa Square  
 City Marquette State MI Zip Code 48955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1026.83**

Date of Receipt **12 / 06 / 2012**  
**Transaction ID : SA11AI.284221**  
 Amount of Each Receipt this Period **36.21**

**SUBTOTAL** of Receipts This Page (optional)..... **65.07**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SHANA ALDERTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Chippewa Square  
 City Marquette State MI Zip Code 48955  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1063.04

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.284270**  
 Amount of Each Receipt this Period 36.21

**B. ADRIENNE ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1423 W 19th Street Apt. 4R  
 City Chicago State IL Zip Code 60608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 549.95

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284827**  
 Amount of Each Receipt this Period 55.86

**C. ADRIENNE ALEXANDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1423 W 19th Street Apt. 4R  
 City Chicago State IL Zip Code 60608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 605.81

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284646**  
 Amount of Each Receipt this Period 55.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.93  
**TOTAL** This Period (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 24 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. LISA A. ALEXANDER</b>		Date of Receipt
Mailing Address 5050 Westbrook Street SE		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Magnolia State OH Zip Code 44643		<b>Transaction ID : SA11AI.284318</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE		<input type="text" value="45.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="490.83"/>	

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS ALEXANDER</b>		Date of Receipt
Mailing Address 5091 View Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Langley State WA Zip Code 98260		<b>Transaction ID : SA11AI.284064</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PHYLLIS ALEXANDER</b>		Date of Receipt
Mailing Address 5091 View Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Langley State WA Zip Code 98260		<b>Transaction ID : SA11AI.284113</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="85.00"/>
<b>TOTAL</b> 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 25 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SHARON J. ALEXANDER</b>		Date of Receipt
Mailing Address 12510 Chalford Lane		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bowie	MD	20715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281540</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	EXECUTIVE OFFICE ASSISTANT	<input type="text" value="39.05"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="859.10"/>	

Full Name (Last, First, Middle Initial) <b>B. SHARON J. ALEXANDER</b>		Date of Receipt
Mailing Address 12510 Chalford Lane		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bowie	MD	20715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281734</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	EXECUTIVE OFFICE ASSISTANT	<input type="text" value="39.05"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="898.15"/>	

Full Name (Last, First, Middle Initial) <b>C. SHARON J. ALEXANDER</b>		Date of Receipt
Mailing Address 12510 Chalford Lane		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bowie	MD	20715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281926</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	EXECUTIVE OFFICE ASSISTANT	<input type="text" value="37.58"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="935.73"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.68"/>
<b>TOTAL</b> 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 26 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RAUL B. ALFORQUE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286168</b>
Mailing Address 1012 NW 85th Street Apt. 102		Amount of Each Receipt this Period 20.00
City Seattle	State WA	
Zip Code 98117	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 240.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANGEL ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285584</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA	
Zip Code 98501	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 210.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ANGEL ALLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285862</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA	
Zip Code 98501	FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date ▼ 220.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 1358
	(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"/> 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. KENNETH L. ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7935 SW Santolina Place

City Beaverton	State OR	Zip Code 97008-6272
-------------------	-------------	------------------------

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

Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1444.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.284162**

Amount of Each Receipt this Period  
14.00

**B. KENNETH L. ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7935 SW Santolina Place

City Beaverton	State OR	Zip Code 97008-6272
-------------------	-------------	------------------------

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

Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1573.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285087**

Amount of Each Receipt this Period  
129.00

**C. KENNETH L. ALLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7935 SW Santolina Place

City Beaverton	State OR	Zip Code 97008-6272
-------------------	-------------	------------------------

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

Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1587.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284192**

Amount of Each Receipt this Period  
14.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.00
<b>TOTAL</b> This Period (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 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. KENNETH L. ALLEN</b>			Date of Receipt
Mailing Address 7935 SW Santolina Place			M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.285109</b>
Beaverton	OR	97008-6272	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			129.00
Name of Employer	Occupation		
AFSCME OR CN 75	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	1716.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT ALLEN</b>			Date of Receipt
Mailing Address 3325 Galcier Ridge			M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.286890</b>
Middleton	WI	53562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			20.00
Name of Employer	Occupation		
AFSCME WI CN 11	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	220.00		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROBERT ALLEN</b>			Date of Receipt
Mailing Address 3325 Galcier Ridge			M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.286891</b>
Middleton	WI	53562	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			20.00
Name of Employer	Occupation		
AFSCME WI CN 11	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	240.00		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	169.00
<b>TOTAL</b> This Period (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 29 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SHARON ALLEN</b>		Date of Receipt
Mailing Address 30 Neal Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dayton	OH	45405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283303</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	<input type="text" value="12.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SHARON ALLEN</b>		Date of Receipt
Mailing Address 30 Neal Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dayton	OH	45405
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283666</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	<input type="text" value="12.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CONNIE G. ALONZO</b>		Date of Receipt
Mailing Address 6082 E CR 700S		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Plainfield	IN	46168
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281541</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD OFFICE ASSISTANT I	<input type="text" value="19.38"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="422.99"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="43.38"/>
<b>TOTAL</b> 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 30 OF 1358
	<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. CONNIE G. ALONZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 6082 E CR 700S

City Plainfield	State IN	Zip Code 46168
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT I
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281735**

Amount of Each Receipt this Period  
 19.38

**B. CONNIE G. ALONZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 6082 E CR 700S

City Plainfield	State IN	Zip Code 46168
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT I
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281927**

Amount of Each Receipt this Period  
 19.38

**C. LAQUITA ALSUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1424 N. Pennsylvania Street

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

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

Name of Employer AFSCME IN CN 62	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286922**

Amount of Each Receipt this Period  
 147.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.26
<b>TOTAL</b> This Period (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 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. LAQUITA ALSUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1424 N. Pennsylvania Street

City Indianapolis	State IN	Zip Code 46202
----------------------	-------------	-------------------

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

Name of Employer AFSCME IN CN 62	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
734.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.286923**

Amount of Each Receipt this Period  
42.00

**B. STEVEN E. ALVIENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 Highland Drive

City East Greenbush	State NY	Zip Code 12061
------------------------	-------------	-------------------

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

Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286296**

Amount of Each Receipt this Period  
19.24

**C. STEVEN E. ALVIENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 Highland Drive

City East Greenbush	State NY	Zip Code 12061
------------------------	-------------	-------------------

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

Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286303**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....	70.86
<b>TOTAL</b> This Period (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 OF 1358
	<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. STEVEN E. ALVIENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 Highland Drive

City East Greenbush State NY Zip Code 12061

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

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2012**

**Transaction ID : SA11AI.286310**

Amount of Each Receipt this Period  
**9.62**

**B. ERIC ALVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 RICHLAND LN

City MADISON State WI Zip Code 53705

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.287571**

Amount of Each Receipt this Period  
**65.00**

**C. ERIC ALVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 RICHLAND LN

City MADISON State WI Zip Code 53705

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.287569**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>84.62</b>
<b>TOTAL</b> This Period (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 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ERIC ALVIN</b>			Date of Receipt
Mailing Address 110 RICHLAND LN			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287570</b>
MADISON	WI	53705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SHERI-LYN R. AMIMOTO</b>			Date of Receipt
Mailing Address 2881 Puanani Street			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285022</b>
Lihue	HI	96766	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRENDA AMUNDSON-WOJTON</b>			Date of Receipt
Mailing Address 165 West Ridge Pike			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282728</b>
Limerick	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="306.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
<b>TOTAL</b> 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 34 OF 1358
	<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. BRENDA AMUNDSON-WOJTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 165 West Ridge Pike  
 City Limerick State PA Zip Code 19468  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.282808**  
 Amount of Each Receipt this Period  
 20.00

**B. BARBARA ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 715.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282610**  
 Amount of Each Receipt this Period  
 86.38

**C. BEVERLY A. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6765 Baseline Road  
 City Bay City State OR Zip Code 97107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation MAINT WORKER I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285239**  
 Amount of Each Receipt this Period  
 17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.38
<b>TOTAL</b> This Period (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 35 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CAROL A ANDERSON</b>		Date of Receipt
Mailing Address 303 Dias Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Fort Washington MD 20744		<b>Transaction ID : SA11AI.281542</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="52.50"/>
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1155.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CAROL A ANDERSON</b>		Date of Receipt
Mailing Address 303 Dias Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Fort Washington MD 20744		<b>Transaction ID : SA11AI.281736</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="52.50"/>
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1207.50"/>	

Full Name (Last, First, Middle Initial) <b>C. CAROL A ANDERSON</b>		Date of Receipt
Mailing Address 303 Dias Drive		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Fort Washington MD 20744		<b>Transaction ID : SA11AI.281928</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="52.50"/>
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="157.50"/>
<b>TOTAL</b> 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 36 OF 1358
	<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. EARLENE ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2396 Highway 22 W

City Muscatine	State IA	Zip Code 52761
-------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61	Occupation CLERK
-------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		13		2012

**Transaction ID : SA11AI.284381**

Amount of Each Receipt this Period  
50.00

**B. JON ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 315 South Park

City Springfield	State MN	Zip Code 56087
---------------------	-------------	-------------------

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

Name of Employer AFSCME MN CN 65	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.08

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		06		2012

**Transaction ID : SA11AI.284516**

Amount of Each Receipt this Period  
18.34

**C. KENNETH ANDERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11348 S Ridgeway

City Chicago	State IL	Zip Code 60655
-----------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
203.22

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		03		2012

**Transaction ID : SA11AI.284828**

Amount of Each Receipt this Period  
67.74

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.08
<b>TOTAL</b> This Period (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 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KENNETH ANDERSON</b>			Date of Receipt
Mailing Address 11348 S Ridgeway			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284647</b>
Chicago	IL	60655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="67.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MARK E. ANDERSON</b>			Date of Receipt
Mailing Address 2467 Caledonia Street			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282372</b>
Toledo	OH	43605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.67"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/OREGON BOE	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RHONDA R. ANDERSON</b>			Date of Receipt
Mailing Address 1414 SE 145th Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285132</b>
Portland	OR	97233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75/STATE OF OR	OFFICE SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="129.41"/>
<b>TOTAL</b> 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 38 OF 1358
<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. RHONDA R. ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1414 SE 145th Avenue  
 City Portland State OR Zip Code 97233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation OFFICE SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285240**  
 Amount of Each Receipt this Period  
 20.00

**B. VALERIE ANDREAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10845 Southwest Canterbury Lane Unit #102  
 City Tigard State OR Zip Code 97224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285088**  
 Amount of Each Receipt this Period  
 20.00

**C. VALERIE ANDREAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10845 Southwest Canterbury Lane Unit #102  
 City Tigard State OR Zip Code 97224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285110**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 OF 1358
	(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"/> 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. MICHAEL ANDREJCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5075 Pajabon Drive #201

City Harrisburg State PA Zip Code 17111

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **877.92**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282611**

Amount of Each Receipt this Period **73.16**

**B. CONSTANCE ANDREWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 30132 E. Mallard Point Road

City Grand Rapids State MN Zip Code 55744-9253

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.286647**

Amount of Each Receipt this Period **18.00**

**C. CONSTANCE ANDREWS**  
Full Name (Last, First, Middle Initial)

Mailing Address 30132 E. Mallard Point Road

City Grand Rapids State MN Zip Code 55744-9253

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **243.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.286703**

Amount of Each Receipt this Period **18.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.16</b>
<b>TOTAL</b> This Period (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 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHELLE ANDRIANI</b>			Date of Receipt
Mailing Address 35 Fairway Drive			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Wading Drive NY 11792			<b>Transaction ID : SA11AI.286202</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.48"/>
Name of Employer AFSCME NY LOC 1000/NYS ADMIN.		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="211.64"/>	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE ANDRIANI</b>			Date of Receipt
Mailing Address 35 Fairway Drive			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Wading Drive NY 11792			<b>Transaction ID : SA11AI.286216</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/NYS ADMIN.		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="221.26"/>	

Full Name (Last, First, Middle Initial) <b>C. MICHELLE ANDRIANI</b>			Date of Receipt
Mailing Address 35 Fairway Drive			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code Wading Drive NY 11792			<b>Transaction ID : SA11AI.286230</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/NYS ADMIN.		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> 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 41 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KATHRYN J. ANDRUSS</b>			Date of Receipt
Mailing Address P.O. Box 611			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284065</b>
Tenino	WA	98589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	CLASSIFICATION MANAGER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KATHRYN J. ANDRUSS</b>			Date of Receipt
Mailing Address P.O. Box 611			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284114</b>
Tenino	WA	98589	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	CLASSIFICATION MANAGER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KEITH J. ANGEL</b>			Date of Receipt
Mailing Address 2711 Hafton Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282936</b>
Columbus	OH	43204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="287.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
<b>TOTAL</b> 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 42 OF 1358
<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. KEITH J. ANGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2711 Hafton Road

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283304**

Amount of Each Receipt this Period  

15.00
-------

**B. KEITH J. ANGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2711 Hafton Road

City Columbus	State OH	Zip Code 43204
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **317.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283667**

Amount of Each Receipt this Period  

15.00
-------

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

Mailing Address 2591 Bryton Drive

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282939**

Amount of Each Receipt this Period  

12.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>42.00</b>
<b>TOTAL</b> This Period (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 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JOHN C. ANTHONY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2591 Bryton Drive

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283307**

Amount of Each Receipt this Period  

12.00
-------

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

Mailing Address 2591 Bryton Drive

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283670**

Amount of Each Receipt this Period  

12.00
-------

**C. DAVID ANTLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1093

City Moscow	State PA	Zip Code 18444
----------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1495.29**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282612**

Amount of Each Receipt this Period  

173.52
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>197.52</b>
<b>TOTAL</b> This Period (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 OF 1358
	<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. JOHN P. APPELDORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 16889 Mahoning Avenue

City Lake Milton	State OH	Zip Code 44429
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282941**

Amount of Each Receipt this Period  

16.00
-------

**B. JOHN P. APPELDORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 16889 Mahoning Avenue

City Lake Milton	State OH	Zip Code 44429
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283309**

Amount of Each Receipt this Period  

16.00
-------

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

Mailing Address 16889 Mahoning Avenue

City Lake Milton	State OH	Zip Code 44429
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation MAINTENANCE REPAIR TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283672**

Amount of Each Receipt this Period  

16.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>48.00</b>
<b>TOTAL</b> This Period (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 45 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KAREN J. APPLEBY</b>			Date of Receipt
Mailing Address 1291 Canton Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282729</b>
Oberlin	PA	17113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KAREN J. APPLEBY</b>			Date of Receipt
Mailing Address 1291 Canton Street			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282809</b>
Oberlin	PA	17113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOHN R. ARCHER</b>			Date of Receipt
Mailing Address 5330 E. Charleston Blvd #82			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281543</b>
Las Vegas	NV	89142	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME INT'L	ORGANIZER II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.00"/>
<b>TOTAL</b> 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 46 OF 1358
	<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. JOHN R. ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5330 E. Charleston Blvd #82  
City Las Vegas State NV Zip Code 89142

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

Name of Employer: AFSCME INT'L Occupation: ORGANIZER II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt: **12 / 11 / 2012**  
Transaction ID : **SA11AI.281737**

Amount of Each Receipt this Period: **25.00**

**B. JOHN R. ARCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5330 E. Charleston Blvd #82  
City Las Vegas State NV Zip Code 89142

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

Name of Employer: AFSCME INT'L Occupation: ORGANIZER II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **12 / 21 / 2012**  
Transaction ID : **SA11AI.281929**

Amount of Each Receipt this Period: **25.00**

**C. STEPHEN L. ARMSTRONG**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 South Locust Avenue  
City New Hampton State IA Zip Code 50659

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

Name of Employer: AFSCME IA CN 61/STATE OF IA Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **363.00**

Date of Receipt: **11 / 27 / 2012**  
Transaction ID : **SA11AI.286632**

Amount of Each Receipt this Period: **33.00**

**SUBTOTAL** of Receipts This Page (optional)..... **83.00**

**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 47 OF 1358
	(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"/> 12
		<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. STEPHEN L. ARMSTRONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 South Locust Avenue  
 City New Hampton State IA Zip Code 50659  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 396.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286617**  
 Amount of Each Receipt this Period  
 33.00

**B. AMY J. ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4434 Cardan Lane  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282136**  
 Amount of Each Receipt this Period  
 20.00

**C. AMY J. ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4434 Cardan Lane  
 City Centerburg State OH Zip Code 43011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282191**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.00
<b>TOTAL</b> This Period (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 48 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. AMY J. ARNOLD</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282247</b>
Mailing Address 4434 Cardan Lane			Amount of Each Receipt this Period 38.00
City Centerburg	State OH	Zip Code 43011	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00	
Name of Employer AFSCME OH LOC 4		Occupation ACCOUNT CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JENNIFER . ARNOLD</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283673</b>
Mailing Address 5868 Broad Blvd.			Amount of Each Receipt this Period 8.00
City North Ridgevill	State OH	Zip Code 44039	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 208.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. EDWARD D. ARNOLDI JR.</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.282730</b>
Mailing Address 213 Mahogany Street			Amount of Each Receipt this Period 20.00
City Mount Carmel	State PA	Zip Code 17851	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer AFSCME PA CN 13/STATE OF PA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.00
<b>TOTAL</b> This Period (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 49 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWARD D. ARNOLDI JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2012 <b>Transaction ID : SA11AI.282810</b>
Mailing Address 213 Mahogany Street		Amount of Each Receipt this Period 20.00
City Mount Carmel	State PA	Zip Code 17851
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. DARYL AROLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.286648</b>
Mailing Address 33828 Indiana Drive		Amount of Each Receipt this Period 28.00
City Grand Rapids	State MN	Zip Code 55744-5254
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 ▼ 327.00	

Full Name (Last, First, Middle Initial) <b>C. DARYL AROLA</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.286704</b>
Mailing Address 33828 Indiana Drive		Amount of Each Receipt this Period 28.00
City Grand Rapids	State MN	Zip Code 55744-5254
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 ▼ 355.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (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 50 OF 1358
<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. VANESSA ARPIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3910 237th Place SW

City Brier	State WA	Zip Code 98036
---------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation JOURNEY ORGANIZER
-------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284066**

Amount of Each Receipt this Period  

50.00
-------

**B. VANESSA ARPIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3910 237th Place SW

City Brier	State WA	Zip Code 98036
---------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation JOURNEY ORGANIZER
-------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284115**

Amount of Each Receipt this Period  

50.00
-------

**C. HORTENCIA F. ARRIAGA**  
Full Name (Last, First, Middle Initial)

Mailing Address 8385 Ira Court

City Riverside	State CA	Zip Code 92508
-------------------	-------------	-------------------

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

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287041**

Amount of Each Receipt this Period  

60.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.00</b>
<b>TOTAL</b> This Period (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 51 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. HORTENCIA F. ARRIAGA</b>		Date of Receipt
Mailing Address 8385 Ira Court		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Riverside	CA	92508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.287129</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CA LOC 1199/COPE	NURSE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="470.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HORTENCIA F. ARRIAGA</b>		Date of Receipt
Mailing Address 8385 Ira Court		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Riverside	CA	92508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.287217</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CA LOC 1199/COPE	NURSE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="490.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GLORIA J. ARSENEAU</b>		Date of Receipt
Mailing Address 2602 Chippewa Drive		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bourbonnais	IL	60914
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.285338</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31/STATE OF IL	OFFICE COORDINATOR	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="496.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> 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 52 OF 1358
	(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"/> 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. GLORIA J. ARSENEAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2602 Chippewa Drive  
 City Bourbonnais State IL Zip Code 60914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285461**  
 Amount of Each Receipt this Period  
 20.00

**B. LINDA L. ARTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7943 Solinger Road  
 City Crestline State OH Zip Code 44827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/CRESTVIEW LSD Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282375**  
 Amount of Each Receipt this Period  
 28.86

**C. MICHAEL L. ARTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 745 Irving Street NW  
 City Washington State DC Zip Code 20010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 993.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281544**  
 Amount of Each Receipt this Period  
 45.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	94.01
<b>TOTAL</b> This Period (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 53 OF 1358
	<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. MICHAEL L. ARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 745 Irving Street NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281738**

Amount of Each Receipt this Period  
46.73

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

Mailing Address 745 Irving Street NW

City Washington	State DC	Zip Code 20010
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1087.43

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.281930**

Amount of Each Receipt this Period  
47.40

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

Mailing Address 902 Hoalauna Way

City Hilo	State HI	Zip Code 96720
--------------	-------------	-------------------

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

Name of Employer AFSCME HI LOC 152	Occupation NURSE
---------------------------------------	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285023**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 54 OF 1358  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1031 4th Avenue S.E.

City State Zip Code  
 Rochester MN 55904

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 648.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284459**

Amount of Each Receipt this Period  
 54.44

Full Name (Last, First, Middle Initial)  
**B. JALADAH ASLAM**

Mailing Address 3895 Cannon Road

City State Zip Code  
 Austintown OH 44515-5372

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

Name of Employer Occupation  
 AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284319**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. ANNETTE ATKINS**

Mailing Address P.O. Box 2572

City State Zip Code  
 Country Club Hills IL 60478

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

Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL CASEWORKER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285340**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ANNETTE ATKINS</b>			Date of Receipt
Mailing Address P.O. Box 2572			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285463</b>
Country Club Hills	IL	60478	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	CASEWORKER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DOMINGO AVILA</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285590</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DOMINGO AVILA</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285868</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="41.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 56 OF 1358  
(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. LUISA M. AZEVEDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10776 La Roda Drive  
 City State Zip Code  
 Cupertino CA 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CA CN 57/LOCAL 829 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287668**  
 Amount of Each Receipt this Period  
 105.00

**B. LUISA M. AZEVEDO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10776 La Roda Drive  
 City State Zip Code  
 Cupertino CA 95014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CA CN 57/LOCAL 829 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287667**  
 Amount of Each Receipt this Period  
 35.00

**C. DEBORAH A. BABB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6005 East Oakwood Drive  
 City State Zip Code  
 Pleasant Hill IA 50327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IA CN 61/STATE OF IA SAFETY AND HEALTH CON.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286489**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 1358
<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. DEBORAH A. BABB**  
Full Name (Last, First, Middle Initial)

Mailing Address 6005 East Oakwood Drive

City Pleasant Hill	State IA	Zip Code 50327
-----------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation SAFETY AND HEALTH CON.
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286359**

Amount of Each Receipt this Period  

40.00	20.00
-------	-------

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

Mailing Address 14 W Newhaven Circle

City Madison	State WI	Zip Code 53717
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.285012**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 14 W Newhaven Circle

City Madison	State WI	Zip Code 53717
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.285013**

Amount of Each Receipt this Period  

10.00
-------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 1358
<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. WILLIAM J. BACKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 W Newhaven Circle

City Madison	State WI	Zip Code 53717
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.285014**

Amount of Each Receipt this Period  
100.00

**B. WENDA J. BACKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 Center Lane NE

City Olympia	State WA	Zip Code 98516
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation ADMINISTRATIVE ASSISTANT
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284067**

Amount of Each Receipt this Period  
50.00

**C. WENDA J. BACKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4807 Center Lane NE

City Olympia	State WA	Zip Code 98516
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation ADMINISTRATIVE ASSISTANT
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284116**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (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 59 OF 1358
	<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	<input type="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. THOR E. BACKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive  
Suite B

City Madison State WI Zip Code 53717-1903

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
11 / 27 / 2012  
Transaction ID : SA11AI.287573

Amount of Each Receipt this Period  
50.00

**B. THOR E. BACKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive  
Suite B

City Madison State WI Zip Code 53717-1903

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 06 / 2012  
Transaction ID : SA11AI.287572

Amount of Each Receipt this Period  
25.00

**C. RICHARD C. BADGER II**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2825

City Appleton State WI Zip Code 54912

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
11 / 27 / 2012  
Transaction ID : SA11AI.287558

Amount of Each Receipt this Period  
170.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 245.00

**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 60 OF 1358  
(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. RICHARD C. BADGER II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2825  
 City Appleton State WI Zip Code 54912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287557**  
 Amount of Each Receipt this Period  
 85.00

**B. PRISCILLA A. BADUA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 390  
 City Hanapepe State HI Zip Code 96716-0390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 428.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285024**  
 Amount of Each Receipt this Period  
 25.00

**C. ALDEAN BAER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3505 West Lincolnshire Blvd.  
 City Toledo State OH Zip Code 43606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 332.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282376**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 1358
	<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. ALDEAN BAER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3505 West Lincolnshire Blvd.

City Toledo	State OH	Zip Code 43606
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/WASHINGTON LS	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282377**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
38.48											

**B. JOE BAESSLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2512 NE 50th

City Portland	State OR	Zip Code 97213
------------------	-------------	-------------------

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

Name of Employer AFSCME OR CN 75	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **930.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285089**

Amount of Each Receipt this Period  

8	0	0	0	0	0	0	0	0	.	0	0
80.00											

**C. JOE BAESSLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2512 NE 50th

City Portland	State OR	Zip Code 97213
------------------	-------------	-------------------

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

Name of Employer AFSCME OR CN 75	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1010.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285111**

Amount of Each Receipt this Period  

8	0	0	0	0	0	0	0	0	.	0	0
80.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>198.48</b>
<b>TOTAL</b> This Period (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 62 OF 1358
	<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. JOHN R. BAGBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 S 4th Street

City Vienna State IL Zip Code 62995

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MENTAL HEALTH TECH I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285464**

Amount of Each Receipt this Period 8.40

**B. DAWN M. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4060 LaPlante Road

City Monclova State OH Zip Code 43542

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 462.06

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284320**

Amount of Each Receipt this Period 51.34

**C. JOSEF R. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1709 D Street

City Lynden State WA Zip Code 98264

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

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286145**

Amount of Each Receipt this Period 34.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 94.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JOSEF R. BAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1709 D Street  
 City Lynden State WA Zip Code 98264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **258.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286143**  
 Amount of Each Receipt this Period  
 11.50

**B. JOSEF R. BAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1709 D Street  
 City Lynden State WA Zip Code 98264  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286144**  
 Amount of Each Receipt this Period  
 11.50

**C. KAREN S. BAILEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1277 Circle 182  
 City Kitts Hill State OH Zip Code 45645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282137**  
 Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... **61.48**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 1358
<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. KAREN S. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Circle 182

City Kitts Hill	State OH	Zip Code 45645
--------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282192**

Amount of Each Receipt this Period  
19.24

**B. KAREN S. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1277 Circle 182

City Kitts Hill	State OH	Zip Code 45645
--------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282248**

Amount of Each Receipt this Period  
19.24

**C. KENNETH BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

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

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284222**

Amount of Each Receipt this Period  
10.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.98
<b>TOTAL</b> This Period (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 65 OF 1358
	<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. KENNETH BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

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

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284271**

Amount of Each Receipt this Period  
10.50

**B. KRISTY BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285591**

Amount of Each Receipt this Period  
10.00

**C. KRISTY BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285869**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.50
<b>TOTAL</b> This Period (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 66 OF 1358
<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. PATRICIA A. BAILEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 606 N. Van Buren Street

City Wilmington	State DE	Zip Code 19805
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1051.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.284545**

Amount of Each Receipt this Period  
65.34

**B. JEREMY A. BAIMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 Reinhard Avenue

City Youngstown	State OH	Zip Code 43206
--------------------	-------------	-------------------

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

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
485.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284321**

Amount of Each Receipt this Period  
44.18

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

Mailing Address 8335 Banbury Street

City Cincinnati	State OH	Zip Code 45216
--------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS EXTERNAL AUDITOR
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284024**

Amount of Each Receipt this Period  
26.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 1358  
(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. KAREN BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8335 Banbury Street  
 City Cincinnati State OH Zip Code 45216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282945**  
 Amount of Each Receipt this Period  
 17.00

**B. KAREN BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8335 Banbury Street  
 City Cincinnati State OH Zip Code 45216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283313**  
 Amount of Each Receipt this Period  
 17.00

**C. KAREN BAKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8335 Banbury Street  
 City Cincinnati State OH Zip Code 45216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS EXTERNAL AUDITOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 341.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283676**  
 Amount of Each Receipt this Period  
 17.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00  
**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 68 OF 1358
<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. KATE BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2647 SE Paropa Avenue

City Gresham State OR Zip Code 97080

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

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

**Transaction ID : SA11AI.285090**

Amount of Each Receipt this Period  
**20.00**

**B. KATE BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2647 SE Paropa Avenue

City Gresham State OR Zip Code 97080

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

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.285112**

Amount of Each Receipt this Period  
**20.00**

**C. MARK T. BAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **581.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.284460**

Amount of Each Receipt this Period  
**51.70**

**SUBTOTAL** of Receipts This Page (optional)..... **91.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 1358
	<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	<input type="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. ANTHONY L. BAKKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 E Parish Street

City State Zip Code  
Prair Du Chien WI 53821

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

Name of Employer Occupation  
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.284931**

Amount of Each Receipt this Period  
25.00

**B. ANTHONY L. BAKKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 E Parish Street

City State Zip Code  
Prair Du Chien WI 53821

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

Name of Employer Occupation  
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.284932**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 500 E Parish Street

City State Zip Code  
Prair Du Chien WI 53821

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

Name of Employer Occupation  
AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.284933**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 1358
	<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. MATTHEW BALAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 307 Adams Street

City Freeland	State PA	Zip Code 18224
------------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **526.47**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282613**

Amount of Each Receipt this Period  

47.46
-------

**B. SCOTT M. BALDWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Champlain Drive

City Springfield	State IL	Zip Code 62707
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation INFORMATION SYSTEMS TECH
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285342**

Amount of Each Receipt this Period  

40.00
-------

**C. SCOTT M. BALDWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 Champlain Drive

City Springfield	State IL	Zip Code 62707
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation INFORMATION SYSTEMS TECH
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285465**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>127.46</b>
<b>TOTAL</b> This Period (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 71 OF 1358
	<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. MARSEILLE H. BALLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 207 Thorton Avenue  
 City Youngstown State OH Zip Code 44505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284322**  
 Amount of Each Receipt this Period  
 200.00

**B. MATTHEW M. BANAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5424 Olde Vintage Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 551.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282138**  
 Amount of Each Receipt this Period  
 38.48

**C. MATTHEW M. BANAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5424 Olde Vintage Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 571.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282193**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.72  
**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 72 OF 1358  
(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. MATTHEW M. BANAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5424 Olde Vintage Drive  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 590.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282249**  
 Amount of Each Receipt this Period  
 19.24

**B. ARNETTA S. BANKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1509 Burley Drive  
 City Columbus State OH Zip Code 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282301**  
 Amount of Each Receipt this Period  
 12.50

**C. ARNETTA S. BANKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1509 Burley Drive  
 City Columbus State OH Zip Code 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282332**  
 Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.24  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 1358
	<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. DANETTA BANKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5523 NE 27th Avenue

City Portland	State OR	Zip Code 97211
------------------	-------------	-------------------

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

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285228**

Amount of Each Receipt this Period  
20.00

**B. DANETTA BANKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5523 NE 27th Avenue

City Portland	State OR	Zip Code 97211
------------------	-------------	-------------------

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

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285324**

Amount of Each Receipt this Period  
20.00

**C. GINA M. BANKS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1911 Overlook Ridge Drive

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICE REP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282947**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 74 OF 1358  
(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. GINA M. BANKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1911 Overlook Ridge Drive  
 City Columbus State OH Zip Code 43219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.283315**  
 Amount of Each Receipt this Period **15.00**

**B. GINA M. BANKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1911 Overlook Ridge Drive  
 City Columbus State OH Zip Code 43219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.283678**  
 Amount of Each Receipt this Period **15.00**

**C. LEE R. BANKS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 Wilson  
 City Joliet State IL Zip Code 60433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **229.24**

Date of Receipt **12 / 03 / 2012**  
**Transaction ID : SA11AI.285343**  
 Amount of Each Receipt this Period **20.84**

**SUBTOTAL** of Receipts This Page (optional)..... **50.84**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LEE R. BANKS JR.</b>			Date of Receipt
Mailing Address 303 Wilson			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285466</b>
Joliet	IL	60433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.42"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	CORRECTIONAL OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="239.66"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ELAINE BARBER</b>			Date of Receipt
Mailing Address 1826 Forster Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282614</b>
Harrisburg	PA	17103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.72"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="583.16"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RONALD E. BARILLAS</b>			Date of Receipt
Mailing Address 25 Nursery Lane			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282117</b>
York	PA	17404	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="125.00"/>
Name of Employer	Occupation		
AFSCME INT'L	STRATEGIC ANALYST III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1023.89"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="177.14"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 76 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JON L. BARKALOW</b>			Date of Receipt
Mailing Address 3203 Poplar Street SW			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286490</b>
Bondurant	IA	50035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.64"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JON L. BARKALOW</b>			Date of Receipt
Mailing Address 3203 Poplar Street SW			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286360</b>
Bondurant	IA	50035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ADAM W. BARLOW</b>			Date of Receipt
Mailing Address 63 Bayshore Drive			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287328</b>
New London	CT	06320-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="72.00"/>
Name of Employer	Occupation		
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="124.05"/>
<b>TOTAL</b> 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 77 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TERRI L. BARNARD</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285594</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="483.00"/>	

Full Name (Last, First, Middle Initial) <b>B. TERRI L. BARNARD</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285872</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="504.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KAREN BARNES</b>		Date of Receipt
Mailing Address 122 Forest Ridge Place		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Columbus	State OH	Zip Code 43235
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282139</b>
Name of Employer AFSCME OH LOC 4		Amount of Each Receipt this Period
Occupation ACCOUNT CLERK		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="62.00"/>
<b>TOTAL</b> 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 78 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. KAREN BARNES</b>		Date of Receipt
Mailing Address 122 Forest Ridge Place		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43235		<b>Transaction ID : SA11AI.282194</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KAREN BARNES</b>		Date of Receipt
Mailing Address 122 Forest Ridge Place		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43235		<b>Transaction ID : SA11AI.282250</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SHERIE L. BARNES</b>		Date of Receipt
Mailing Address 3015 Whisper Drive NW		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Bremerton WA 98312		<b>Transaction ID : SA11AI.285595</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.50"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="241.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.50"/>
<b>TOTAL</b> 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 79 OF 1358  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. SHERIE L. BARNES**

Mailing Address 3015 Whisper Drive NW

City State Zip Code  
Bremerton WA 98312

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

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.285873**

Amount of Each Receipt this Period  
10.50

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

Mailing Address 1 Kennedy Court

City State Zip Code  
Massena NY 13662

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

Name of Employer Occupation  
AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286203**

Amount of Each Receipt this Period  
38.48

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

Mailing Address 1 Kennedy Court

City State Zip Code  
Massena NY 13662

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

Name of Employer Occupation  
AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.286217**

Amount of Each Receipt this Period  
9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **58.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MICHAEL BARNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Kennedy Court  
 City Massena State NY Zip Code 13662  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.286231**  
 Amount of Each Receipt this Period  
 9.62

**B. CHERYL L. BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 SE Cortina Drive  
 City Ankeny State IA Zip Code 50021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286633**  
 Amount of Each Receipt this Period  
 40.00

**C. CHERYL L. BARTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 825 SE Cortina Drive  
 City Ankeny State IA Zip Code 50021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286618**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.62
<b>TOTAL</b> This Period (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 81 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RANDY D BARTON</b>		Date of Receipt
Mailing Address 825 SE Cortina Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Ankeny State IA Zip Code 50021		<b>Transaction ID : SA11AI.286491</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.64"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="366.56"/>	

Full Name (Last, First, Middle Initial) <b>B. RANDY D BARTON</b>		Date of Receipt
Mailing Address 825 SE Cortina Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Ankeny State IA Zip Code 50021		<b>Transaction ID : SA11AI.286634</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="386.56"/>	

Full Name (Last, First, Middle Initial) <b>C. RANDY D BARTON</b>		Date of Receipt
Mailing Address 825 SE Cortina Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Ankeny State IA Zip Code 50021		<b>Transaction ID : SA11AI.286361</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.41"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="396.97"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="72.05"/>
<b>TOTAL</b> 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 82 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RANDY D BARTON</b>			Date of Receipt
Mailing Address 825 SE Cortina Drive			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286619</b>
Ankeny	IA	50021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.97"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. NANCY E. BARTTER</b>			Date of Receipt
Mailing Address 888 Mililani Street Suite 601			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285025</b>
Honolulu	HI	96813-2991	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="34.62"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="415.44"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DEBRA L. BASHAM</b>			Date of Receipt
Mailing Address 5378 Cherry Creek Parkway N.			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282379</b>
Columbus	OH	43228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/BATH LSD	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="420.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="94.62"/>
<b>TOTAL</b> 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 83 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. THERESA A. BASKIN</b>		Date of Receipt 11 / 27 / 2012 <b>Transaction ID : SA11AI.287330</b>
Mailing Address 15 Crest Street Unit 20		Amount of Each Receipt this Period 58.80
City West Haven	State CT	
Zip Code 06516-0000		Aggregate Year-to-Date ▼ 201.60
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. THERESA A. BASKIN</b>		Date of Receipt 11 / 27 / 2012 <b>Transaction ID : SA11AI.287335</b>
Mailing Address 15 Crest Street Unit 20		Amount of Each Receipt this Period 8.40
City West Haven	State CT	
Zip Code 06516-0000		Aggregate Year-to-Date ▼ 210.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. THERESA A. BASKIN</b>		Date of Receipt 12 / 21 / 2012 <b>Transaction ID : SA11AI.287334</b>
Mailing Address 15 Crest Street Unit 20		Amount of Each Receipt this Period 8.40
City West Haven	State CT	
Zip Code 06516-0000		Aggregate Year-to-Date ▼ 218.40
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.60
<b>TOTAL</b> This Period (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 84 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. FATIMA A BASTIANELLI</b>		Date of Receipt
Mailing Address 5604 Vernon Place		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20817
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281545</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	POLITICAL ACTION POLLING ASSISTANT	<input type="text" value="39.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="843.60"/>	

Full Name (Last, First, Middle Initial) <b>B. FATIMA A BASTIANELLI</b>		Date of Receipt
Mailing Address 5604 Vernon Place		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20817
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281739</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	POLITICAL ACTION POLLING ASSISTANT	<input type="text" value="39.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="882.90"/>	

Full Name (Last, First, Middle Initial) <b>C. FATIMA A BASTIANELLI</b>		Date of Receipt
Mailing Address 5604 Vernon Place		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20817
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281931</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	POLITICAL ACTION POLLING ASSISTANT	<input type="text" value="39.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="922.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.90"/>
<b>TOTAL</b> 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 85 OF 1358
<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. LINDA BATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1510 Walnut Street

City Woodbridge	State VA	Zip Code 22191
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II
----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **734.72**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281546**

Amount of Each Receipt this Period  

33.76
-------

**B. LINDA BATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1510 Walnut Street

City Woodbridge	State VA	Zip Code 22191
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II
----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **768.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281740**

Amount of Each Receipt this Period  

33.76
-------

**C. LINDA BATES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1510 Walnut Street

City Woodbridge	State VA	Zip Code 22191
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation LEGAL ASSISTANT II
----------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **802.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.281932**

Amount of Each Receipt this Period  

33.76
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>101.28</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 OF 1358
	(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"/> 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. PATRICIA BAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

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

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1268.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282615**

Amount of Each Receipt this Period  
98.18

**B. HENRY BAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1507 W. Chase Street

City	State	Zip Code
Chicago	IL	60626-2125

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

Name of Employer	Occupation
AFSCME IL CN 31	EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1516.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.284163**

Amount of Each Receipt this Period  
28.00

**C. HENRY BAYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1507 W. Chase Street

City	State	Zip Code
Chicago	IL	60626-2125

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

Name of Employer	Occupation
AFSCME IL CN 31	EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1637.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284829**

Amount of Each Receipt this Period  
120.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	247.02
<b>TOTAL</b> This Period (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 87 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. HENRY BAYER</b>			Date of Receipt
Mailing Address 1507 W. Chase Street			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284193</b>
Chicago	IL	60626-2125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1665.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. HENRY BAYER</b>			Date of Receipt
Mailing Address 1507 W. Chase Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284648</b>
Chicago	IL	60626-2125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="120.84"/>
Name of Employer	Occupation		
AFSCME IL CN 31	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1786.08"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRIAN L. BEALLOR</b>			Date of Receipt
Mailing Address 3898 Rubythroat Drive			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282140</b>
Gahanna	OH	42230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="48.08"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ORGANIZER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.96"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="196.92"/>
<b>TOTAL</b> 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 88 OF 1358
	<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. BRIAN L. BEALLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3898 Rubythroat Drive

City Gahanna State OH Zip Code 42230

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

Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **601.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282195**

Amount of Each Receipt this Period  
**24.04**

**B. BRIAN L. BEALLOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3898 Rubythroat Drive

City Gahanna State OH Zip Code 42230

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

Name of Employer AFSCME OH LOC 4 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282251**

Amount of Each Receipt this Period  
**24.04**

**C. KENT BEAUCHAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Mariners Point Lane

City Springfield State IL Zip Code 62712

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

Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284830**

Amount of Each Receipt this Period  
**83.66**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **131.74**

**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: (check only one)	PAGE 89 OF 1358
	<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. KENT BEAUCHAMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Mariners Point Lane

City Springfield State IL Zip Code 62712

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

Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1003.92

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284649**

Amount of Each Receipt this Period  
 83.66

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

Mailing Address 1210 Westwood

City Manitowoc State WI Zip Code 54220

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

Name of Employer AFSCME WI CN 40 Occupation ACTIVITY AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287575**

Amount of Each Receipt this Period  
 60.00

**C. NANCY BECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 Westwood

City Manitowoc State WI Zip Code 54220

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

Name of Employer AFSCME WI CN 40 Occupation ACTIVITY AIDE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287574**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	153.66
<b>TOTAL</b> This Period (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 90 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MARY KATHLEE BECKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285596**  
 Amount of Each Receipt this Period 25.00

**B. MARY KATHLEE BECKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285874**  
 Amount of Each Receipt this Period 25.00

**C. DANIEL J. BEDNAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 S 28th Street  
 City Fort Dodge State IA Zip Code 50501  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.22

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286492**  
 Amount of Each Receipt this Period 51.95

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.95
<b>TOTAL</b> This Period (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 91 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. DANIEL J. BEDNAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1307 S 28th Street  
 City Fort Dodge State IA Zip Code 50501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286362**  
 Amount of Each Receipt this Period  
 10.41

**B. NEIL G. BEDNARCZYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7775 O'neil Road North  
 City Keizer State OR Zip Code 97303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285091**  
 Amount of Each Receipt this Period  
 30.00

**C. NEIL G. BEDNARCZYK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7775 O'neil Road North  
 City Keizer State OR Zip Code 97303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285113**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.41
<b>TOTAL</b> This Period (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 92 OF 1358
<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. MICHAEL BEGATTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Hedgerow Lane

City State Zip Code  
Wilmington DE 19807

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

Name of Employer Occupation  
AFSCME DE CN 81 EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1106.71

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 13 / 2012  
**Transaction ID : SA11AI.284546**

Amount of Each Receipt this Period  
91.48

**B. PAUL W. BEHNKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 350 S. Westfield Street

City State Zip Code  
Oshkosh WI 54902

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

Name of Employer Occupation  
AFSCME WI CN 40 DELEGATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : SA11AI.287576**

Amount of Each Receipt this Period  
23.00

**C. MARTIN BEIL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10363 Hudson Road

City State Zip Code  
Mazomanie WI 53560-9773

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

Name of Employer Occupation  
AFSCME WI CN 24 EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1087.06

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.284919**

Amount of Each Receipt this Period  
83.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	198.10
<b>TOTAL</b> This Period (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 93 OF 1358
	<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. COURTNEY R. BELCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Billingsley Road

City Columbus State OH Zip Code 43235

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

Name of Employer AFSCME OH LOC 4 Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.282141**

Amount of Each Receipt this Period  
20.00

**B. COURTNEY R. BELCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Billingsley Road

City Columbus State OH Zip Code 43235

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

Name of Employer AFSCME OH LOC 4 Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.282196**

Amount of Each Receipt this Period  
10.00

**C. COURTNEY R. BELCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1928 Billingsley Road

City Columbus State OH Zip Code 43235

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

Name of Employer AFSCME OH LOC 4 Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 27 / 2012  
**Transaction ID : SA11AI.282252**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. NANCY L. BELCHER</b>		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282887</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="600.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TURNEIKEIO E. BELCHER</b>		Date of Receipt
Mailing Address 304 Chatterly Lane		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43207
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282948</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="11.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="264.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TURNEIKEIO E. BELCHER</b>		Date of Receipt
Mailing Address 304 Chatterly Lane		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43207
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283316</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="11.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="82.00"/>
<b>TOTAL</b> 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 95 OF 1358
	<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. TURNEIKEIO E. BELCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Chatterly Lane  
 City Columbus State OH Zip Code 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 286.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283679**  
 Amount of Each Receipt this Period 11.00

**B. MARILYN A. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 38th Avenue S.  
 City Minneapolis State MN Zip Code 55406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 244.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286799**  
 Amount of Each Receipt this Period 84.00

**C. MARILYN A. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 38th Avenue S.  
 City Minneapolis State MN Zip Code 55406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286768**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.00  
**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 96 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. MARILYN A. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4714 38th Avenue S.  
 City Minneapolis State MN Zip Code 55406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.286784**  
 Amount of Each Receipt this Period  
 10.00

**B. ROBERT M. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27732 Clear Lake Road  
 City Eugene State OR Zip Code 97402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ACCOUNTING CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285134**  
 Amount of Each Receipt this Period  
 20.00

**C. ROBERT M. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27732 Clear Lake Road  
 City Eugene State OR Zip Code 97402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ACCOUNTING CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285242**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 97 OF 1358  
(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. SABRINA S. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23787 US Route 30  
 City State Zip Code  
 Minerva OH 44657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283318**  
 Amount of Each Receipt this Period  
 6.00

**B. SABRINA S. BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23787 US Route 30  
 City State Zip Code  
 Minerva OH 44657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283681**  
 Amount of Each Receipt this Period  
 6.00

**C. SANDRA F BELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2968 Tracer Road  
 City State Zip Code  
 Columbus OH 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11 ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282888**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 1358
<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. JOSEPH BELLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 501 W George Street

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Occupation  
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
920.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 03 / 2012  
**Transaction ID : SA11AI.284831**

Amount of Each Receipt this Period  
83.66

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

Mailing Address 501 W George Street

City State Zip Code  
Arlington Heights IL 60005

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

Name of Employer Occupation  
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1003.92

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.284650**

Amount of Each Receipt this Period  
83.66

**C. CATHERINE S. BENCINI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1471 Seahorse Lane

City State Zip Code  
Carbondale IL 62901

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

Name of Employer Occupation  
AFSCME IL CN 31/STATE OF IL TELECOMMUNICATOR SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.24

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 03 / 2012  
**Transaction ID : SA11AI.285344**

Amount of Each Receipt this Period  
10.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 177.74

**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: (check only one)	PAGE 99 OF 1358
<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. CATHERINE S. BENCINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1471 Seahorse Lane  
 City Carbondale State IL Zip Code 62901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation TELECOMMUNICATOR SPECIALIST  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.08**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.285467**  
 Amount of Each Receipt this Period **20.84**

**B. JAMES R. BENEDICT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6576 Hilmar Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.282951**  
 Amount of Each Receipt this Period **10.00**

**C. JAMES R. BENEDICT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6576 Hilmar Court  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.283319**  
 Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>40.84</b>
<b>TOTAL</b> This Period (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 100 OF 1358
<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. JAMES R. BENEDICT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6576 Hilmar Court

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283682**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 141 Eddington Avenue

City Harrisburg	State PA	Zip Code 17111-3520
--------------------	-------------	------------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1220.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282616**

Amount of Each Receipt this Period  
122.73

**C. PETER J. BENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7650 Cahill Avenue

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

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

Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
519.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.282118**

Amount of Each Receipt this Period  
43.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	176.03
<b>TOTAL</b> This Period (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 101 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. STACEY D. BENSON-TAYLOR</b>		Date of Receipt
Mailing Address 241 Brooklyn Avenue		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dayton	OH	45417
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284324</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH CN 8	STAFF REPRESENTATIVE	<input type="text" value="62.12"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="680.42"/>	

Full Name (Last, First, Middle Initial) <b>B. BRENDA L BENTON</b>		Date of Receipt
Mailing Address 4406 E. Mound Street		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281547</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD OFFICE ASSISTANT II	<input type="text" value="25.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="558.80"/>	

Full Name (Last, First, Middle Initial) <b>C. BRENDA L BENTON</b>		Date of Receipt
Mailing Address 4406 E. Mound Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43227
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281741</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	FIELD OFFICE ASSISTANT II	<input type="text" value="25.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="584.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="112.92"/>
<b>TOTAL</b> 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 102 OF 1358  
(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. BRENDA L BENTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4406 E. Mound Street  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 609.60

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.281933**  
 Amount of Each Receipt this Period 25.40

**B. JACOB D. BERCHTOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9805 Rich Road  
 City Loveland State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/MASON CITY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282382**  
 Amount of Each Receipt this Period 9.62

**C. JACOB D. BERCHTOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9805 Rich Road  
 City Loveland State OH Zip Code 45140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/MASON CITY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282383**  
 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.64  
**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 103 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. RICHARD BERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 Suite 800  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 741.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284832**  
 Amount of Each Receipt this Period  
 67.74

**B. RICHARD BERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 Suite 800  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 809.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284651**  
 Amount of Each Receipt this Period  
 67.74

**C. STEVEN BERGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 W. Ostend Street  
 Suite 101  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 610.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.284431**  
 Amount of Each Receipt this Period  
 50.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.32
<b>TOTAL</b> This Period (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 104 OF 1358  
(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. GINGER K. BERNETHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285598**  
 Amount of Each Receipt this Period  
 10.50

**B. GINGER K. BERNETHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285876**  
 Amount of Each Receipt this Period  
 10.50

**C. DANA BERRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284383**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00  
**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 105 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. PATRICIA A. BERRY</b>		Date of Receipt
Mailing Address 1658 Rainbow Park		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43206
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282955</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA A. BERRY</b>		Date of Receipt
Mailing Address 1658 Rainbow Park		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43206
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283323</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA A. BERRY</b>		Date of Receipt
Mailing Address 1658 Rainbow Park		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43206
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283686</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 106 OF 1358
	<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. JAMES BESTPITCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 11922 Getson Lane

City Cumberland State MD Zip Code 21502

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

Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **778.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.284408**

Amount of Each Receipt this Period  
**52.72**

**B. DALE A. BESTWICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 669 Sanchez Trail

City Mercer State PA Zip Code 16137

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

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation CLERICAL/ADMINISTRATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

**Transaction ID : SA11AI.282732**

Amount of Each Receipt this Period  
**20.00**

**C. DALE A. BESTWICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 669 Sanchez Trail

City Mercer State PA Zip Code 16137

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

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation CLERICAL/ADMINISTRATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2012**

**Transaction ID : SA11AI.282812**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **92.72**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 1358
	<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	<input type="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. ROBERTA E. BETTIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1000 Main Avenue N  
 Suite 6  
 City Tillamook State OR Zip Code 97141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ROOM SERVICE ASSOCIATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285243**  
 Amount of Each Receipt this Period  
 17.00

**B. JAMES BEVERLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 784 Touby Lane  
 City Mansfield State OH Zip Code 44903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11 Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282890**  
 Amount of Each Receipt this Period  
 30.00

**C. ALFRED L. BIERBRODT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Huber Street  
 Apt. A  
 City Anamosa State IA Zip Code 52205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286494**  
 Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.00
<b>TOTAL</b> This Period (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 108 OF 1358
	<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. ALFRED L. BIERBRODT JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 307 Huber Street  
 Apt. A  
 City Anamosa State IA Zip Code 52205  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286364**  
 Amount of Each Receipt this Period 15.00

**B. JEFFREY BIGELOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 City Chicago State IL Zip Code 60606  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.26

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284833**  
 Amount of Each Receipt this Period 83.66

**C. JEFFREY BIGELOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 City Chicago State IL Zip Code 60606  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1003.92

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284652**  
 Amount of Each Receipt this Period 83.66

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 182.32  
**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 109 OF 1358
	<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	<input type="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. CHADWICK K. BILLENA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6721  
 City Hilo State HI Zip Code 96720  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285026**  
 Amount of Each Receipt this Period 20.00

**B. DEBORAH K. BINDAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 North Road S.E.  
 City Niles State OH Zip Code 44446  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.14

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284325**  
 Amount of Each Receipt this Period 22.74

**C. JEAN BIRTLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 592.73

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282617**  
 Amount of Each Receipt this Period 60.83

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.57  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE C. BISCHOFF</b>		Date of Receipt
Mailing Address 1825 Maple Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Peekskill State NY Zip Code 10566		<b>Transaction ID : SA11AI.286245</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE		<input type="text" value="76.96"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="481.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE C. BISCHOFF</b>		Date of Receipt
Mailing Address 1825 Maple Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Peekskill State NY Zip Code 10566		<b>Transaction ID : SA11AI.286257</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.24"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE C. BISCHOFF</b>		Date of Receipt
Mailing Address 1825 Maple Avenue		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Peekskill State NY Zip Code 10566		<b>Transaction ID : SA11AI.286269</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="519.48"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.44"/>
<b>TOTAL</b> 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 111 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CHRISTINE C. BISCHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1825 Maple Avenue  
 City Peekskill State NY Zip Code 10566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **538.72**

Date of Receipt **12 / 27 / 2012**  
**Transaction ID : SA11AI.286281**  
 Amount of Each Receipt this Period **19.24**

**B. CURTIS D. BISHOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11214 Revere Avenue  
 City Cleveland State OH Zip Code 44105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.283687**  
 Amount of Each Receipt this Period **8.00**

**C. PAUL BISSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1906 Bear Court SE  
 City Rochester State MN Zip Code 55904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **592.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.286649**  
 Amount of Each Receipt this Period **60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **87.24**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 1358
	<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. PAUL BISSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1906 Bear Court SE

City Rochester	State MN	Zip Code 55904
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **652.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.286705**

Amount of Each Receipt this Period  

85.00
-------

**60.00**

**B. CORNELIA BLACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 669 E 109th Street

City Cleveland	State OH	Zip Code 44108
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		04		2012

**Transaction ID : SA11AI.282385**

Amount of Each Receipt this Period  

12.50
-------

**12.50**

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

Mailing Address 669 E 109th Street

City Cleveland	State OH	Zip Code 44108
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.50**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2012

**Transaction ID : SA11AI.282386**

Amount of Each Receipt this Period  

12.50
-------

**12.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (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 113 OF 1358
	<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. KENNETH J. BLAIR**  
Full Name (Last, First, Middle Initial)

Mailing Address 15715 62nd Avenue E.

City Puyallup	State WA	Zip Code 98375
------------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285601**

Amount of Each Receipt this Period  

68.22
-------

**14.50**

**B. KENNETH J. BLAIR**  
Full Name (Last, First, Middle Initial)

Mailing Address 15715 62nd Avenue E.

City Puyallup	State WA	Zip Code 98375
------------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **348.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285879**

Amount of Each Receipt this Period  

68.22
-------

**14.50**

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

Mailing Address 8 Beacon Street

City Boston	State MA	Zip Code 02108-0000
----------------	-------------	------------------------

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

Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.284499**

Amount of Each Receipt this Period  

68.22
-------

**39.22**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>68.22</b>
<b>TOTAL</b> This Period (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 114 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. WALTER BLAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281548</b>
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 44.64
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 982.08	

Full Name (Last, First, Middle Initial) <b>B. WALTER BLAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281742</b>
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 44.64
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1026.72	

Full Name (Last, First, Middle Initial) <b>C. WALTER BLAIR</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281934</b>
Mailing Address 2223 Wintergreen Avenue		Amount of Each Receipt this Period 44.64
City District Heights	State MD	Zip Code 20747
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, ACCOUNTING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1071.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.92
<b>TOTAL</b> This Period (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 115 OF 1358
	<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	<input type="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. BARBARA BLAKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 358 West Avenue 41

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287045**

Amount of Each Receipt this Period  

60.00
-------

**36.00**

**B. BARBARA BLAKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 358 West Avenue 41

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **388.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.287133**

Amount of Each Receipt this Period  

12.00
-------

**12.00**

**C. BARBARA BLAKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 358 West Avenue 41

City Los Angeles	State CA	Zip Code 90065
---------------------	-------------	-------------------

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

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.287221**

Amount of Each Receipt this Period  

12.00
-------

**12.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (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 116 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KORY BLAKE</b>		Date of Receipt
Mailing Address 1410 Bush Street Suite A		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	MD	21230
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284409</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="52.22"/>
Name of Employer	Occupation	
AFSCME MD CN 67	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.53"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JANE ANN BLAKESLEY</b>		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282142</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="77.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="964.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JANE ANN BLAKESLEY</b>		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282197</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.50"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1002.50"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="167.72"/>
<b>TOTAL</b> 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 117 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JANE ANN BLAKESLEY</b>		Date of Receipt
Mailing Address 2179 Shoreham Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Upper Arlington	OH	43220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282253</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	ADMINISTRATIVE ASSISTANT	<input type="text" value="38.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1041.00"/>	

Full Name (Last, First, Middle Initial) <b>B. RONALD F. BLATT</b>		Date of Receipt
Mailing Address 2202 S. Racoon Road Apt. 4		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austintown	OH	44515
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282143</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD REPRESENTATIVE	<input type="text" value="38.48"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="461.76"/>	

Full Name (Last, First, Middle Initial) <b>C. RONALD F. BLATT</b>		Date of Receipt
Mailing Address 2202 S. Racoon Road Apt. 4		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austintown	OH	44515
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282198</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD REPRESENTATIVE	<input type="text" value="19.24"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="481.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="96.22"/>
<b>TOTAL</b> 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 118 OF 1358
	<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. RONALD F. BLATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2202 S. Racoon Road  
Apt. 4

City Austintown State OH Zip Code 44515

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
12 / 27 / 2012  
Transaction ID : SA11AI.282254

Amount of Each Receipt this Period  
19.24

**B. HEIDI L. BLINDAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 10 / 2012  
Transaction ID : SA11AI.285602

Amount of Each Receipt this Period  
10.00

**C. HEIDI L. BLINDAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.285880

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.24

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 1358
<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. DAVID BLOEDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7426 Harrison Street

City Forest Park	State IL	Zip Code 60130
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **605.66**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284834**

Amount of Each Receipt this Period  

55.06
-------

**B. DAVID BLOEDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7426 Harrison Street

City Forest Park	State IL	Zip Code 60130
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **660.72**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284653**

Amount of Each Receipt this Period  

55.06
-------

**C. KAREN BLOOMINGDALE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Executive Park Drive

City Harrisburg	State PA	Zip Code 17111
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **871.47**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282618**

Amount of Each Receipt this Period  

89.43
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>199.55</b>
<b>TOTAL</b> This Period (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 120 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ANYSSIA L. BLUE</b>		Date of Receipt
Mailing Address 90 Glen Road		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
New Haven	CT	06511-0000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287337</b>
Name of Employer AFSCME CT CN 4/STATE OF CT		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="8.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="208.00"/>		

Full Name (Last, First, Middle Initial) <b>B. DAVID L. BLYTH</b>		Date of Receipt
Mailing Address 1656 Gilbert Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Toledo	OH	43614
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284326</b>
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="57.29"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="620.24"/>		

Full Name (Last, First, Middle Initial) <b>C. EUGENE BOATRIGHT</b>		Date of Receipt
Mailing Address 8542 South Bishop		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60620
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284835</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="61.40"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="662.75"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="126.69"/>
<b>TOTAL</b> 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 121 OF 1358
	<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. EUGENE BOATRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8542 South Bishop

City Chicago State IL Zip Code 60620

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **724.15**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284654**

Amount of Each Receipt this Period  
**61.40**

**B. JOYCE C. BOBO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5745 Hamill Road

City Albany State OH Zip Code 45710

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.282144**

Amount of Each Receipt this Period  
**20.00**

**C. JOYCE C. BOBO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5745 Hamill Road

City Albany State OH Zip Code 45710

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.282199**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>91.40</b>
<b>TOTAL</b> This Period (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 122 OF 1358
	<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. JOYCE C. BOBO**  
Full Name (Last, First, Middle Initial)

Mailing Address 5745 Hamill Road

City Albany State OH Zip Code 45710

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282255**

Amount of Each Receipt this Period 10.00

**B. PATRICIA BODAY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 230

City Buckley State WA Zip Code 98321

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285603**

Amount of Each Receipt this Period 10.00

**C. PATRICIA BODAY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 230

City Buckley State WA Zip Code 98321

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285881**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 1358
	<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	<input type="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. BARBARA A. BOEHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39602 E. State Route 10  
 City State Zip Code  
 New Holland IL 62671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285345**  
 Amount of Each Receipt this Period  
 19.22

**B. BARBARA A. BOEHL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 39602 E. State Route 10  
 City State Zip Code  
 New Holland IL 62671  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285468**  
 Amount of Each Receipt this Period  
 9.61

**C. JEANNIE BOEKENKAMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City State Zip Code  
 Olympia WA 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 207.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285604**  
 Amount of Each Receipt this Period  
 9.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.83  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JEANNIE BOEKENKAMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285882**  
 Amount of Each Receipt this Period  
 9.00

**B. THOMAS J. BOIK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Hardman Avenue South  
 City South St. Paul State MN Zip Code 55075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284461**  
 Amount of Each Receipt this Period  
 42.28

**C. MELISSA BOILOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 River Ridge Drive  
 City Woodland State WA Zip Code 98674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROPERTY SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285136**  
 Amount of Each Receipt this Period  
 27.88

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.16
<b>TOTAL</b> This Period (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 125 OF 1358
	<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. MELISSA BOILOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 River Ridge Drive

City Woodland State WA Zip Code 98674

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROPERTY SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **348.50**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285244**

Amount of Each Receipt this Period **27.88**

**B. KAHIM BOLES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Frazier Street

City Philadelphia State PA Zip Code 19143

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

Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation EXECUTIVE BOARD MEMBER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **354.00**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.284164**

Amount of Each Receipt this Period **14.00**

**C. KAHIM BOLES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1003 S Frazier Street

City Philadelphia State PA Zip Code 19143

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

Name of Employer AFSCME PA CN 47/LOCAL 2187 Occupation EXECUTIVE BOARD MEMBER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **368.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.284194**

Amount of Each Receipt this Period **14.00**

**SUBTOTAL** of Receipts This Page (optional)..... **55.88**

**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 126 OF 1358
	<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. LYNDA L. BOLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Circle Drive

City The Plains State OH Zip Code 45780

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
12 / 04 / 2012  
Transaction ID : SA11AI.282145

Amount of Each Receipt this Period  
38.48

**B. LYNDA L. BOLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Circle Drive

City The Plains State OH Zip Code 45780

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.282200

Amount of Each Receipt this Period  
19.24

**C. LYNDA L. BOLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Circle Drive

City The Plains State OH Zip Code 45780

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

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.24

Date of Receipt  
12 / 27 / 2012  
Transaction ID : SA11AI.282256

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.96

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SHAWN P. BOLLER</b>		Date of Receipt
Mailing Address 341 Chartwell Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Mount Gilead OH 43338		<b>Transaction ID : SA11AI.282959</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SHAWN P. BOLLER</b>		Date of Receipt
Mailing Address 341 Chartwell Street		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Mount Gilead OH 43338		<b>Transaction ID : SA11AI.283327</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SHAWN P. BOLLER</b>		Date of Receipt
Mailing Address 341 Chartwell Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Mount Gilead OH 43338		<b>Transaction ID : SA11AI.283690</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 128 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. ALAN R. BOLLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 577

City Saint Paris	State OH	Zip Code 43072
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282960**

Amount of Each Receipt this Period  
 10.00

**B. ALAN R. BOLLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 577

City Saint Paris	State OH	Zip Code 43072
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283328**

Amount of Each Receipt this Period  
 10.00

**C. ALAN R. BOLLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 577

City Saint Paris	State OH	Zip Code 43072
---------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283691**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 129 OF 1358
<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. BRUCE BOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 86 Parkwood Blvd.

City Mansfield	State OH	Zip Code 44906
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282961**

Amount of Each Receipt this Period  

10.00
-------

**B. BRUCE BOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 86 Parkwood Blvd.

City Mansfield	State OH	Zip Code 44906
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283329**

Amount of Each Receipt this Period  

10.00
-------

**C. BRUCE BOND**  
Full Name (Last, First, Middle Initial)  
Mailing Address 86 Parkwood Blvd.

City Mansfield	State OH	Zip Code 44906
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283692**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 130 OF 1358
	<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. CATHERINE J. BOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Sarahsville Road

City Caldwell State OH Zip Code 43724

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LIBRARY ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.282962**

Amount of Each Receipt this Period **15.00**

**B. CATHERINE J. BOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Sarahsville Road

City Caldwell State OH Zip Code 43724

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LIBRARY ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.283330**

Amount of Each Receipt this Period **15.00**

**C. CATHERINE J. BOND**  
Full Name (Last, First, Middle Initial)

Mailing Address 48048 Sarahsville Road

City Caldwell State OH Zip Code 43724

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation LIBRARY ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283693**

Amount of Each Receipt this Period **15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (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 131 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DEBRA BOND</b>		Date of Receipt
Mailing Address 1295 Mariuon Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.286650</b>
Rochester	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="24.00"/>
55904-5780		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DEBRA BOND</b>		Date of Receipt
Mailing Address 1295 Mariuon Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.286706</b>
Rochester	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="24.00"/>
55904-5780		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="324.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SHAKEEM V. BOONE</b>		Date of Receipt
Mailing Address 5204 4th Street NW		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.281549</b>
Washington	DC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="33.34"/>
20011		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME INT'L	STAFF SPECIALIST I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="774.05"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.34"/>
<b>TOTAL</b> 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 132 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. SHAKEEM V. BOONE</b>		Date of Receipt
Mailing Address 5204 4th Street NW		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20011
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281743</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33.34"/>
Name of Employer	Occupation	
AFSCME INT'L	STAFF SPECIALIST I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="807.39"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SHAKEEM V. BOONE</b>		Date of Receipt
Mailing Address 5204 4th Street NW		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20011
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281935</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="33.34"/>
Name of Employer	Occupation	
AFSCME INT'L	STAFF SPECIALIST I	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="840.73"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PAUL R. BOOTH</b>		Date of Receipt
Mailing Address 3724 Benton Street NW		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20007-1803
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281550</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="190.69"/>
Name of Employer	Occupation	
AFSCME INT'L	EXECUTIVE ASST. TO PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="4395.66"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="257.37"/>
<b>TOTAL</b> 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 133 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

Full Name (Last, First, Middle Initial) <b>A. PAUL R. BOOTH</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281744</b>		
Mailing Address 3724 Benton Street NW			Amount of Each Receipt this Period 190.69		
City Washington	State DC	Zip Code 20007-1803			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4586.35			

Full Name (Last, First, Middle Initial) <b>B. PAUL R. BOOTH</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281936</b>		
Mailing Address 3724 Benton Street NW			Amount of Each Receipt this Period 190.69		
City Washington	State DC	Zip Code 20007-1803			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation EXECUTIVE ASST. TO PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4777.04			

Full Name (Last, First, Middle Initial) <b>C. PAMELA BORDEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284223</b>		
Mailing Address 5947 Cooper			Amount of Each Receipt this Period 21.04		
City Taylor	State MI	Zip Code 48180			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.92			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	402.42
<b>TOTAL</b> This Period (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 134 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. PAMELA BORDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5947 Cooper

City Taylor State MI Zip Code 48180

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2012**

**Transaction ID : SA11AI.284272**

Amount of Each Receipt this Period  
**21.04**

**B. MATHEW A. BORDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.61**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286495**

Amount of Each Receipt this Period  
**41.64**

**C. MATHEW A. BORDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

**Transaction ID : SA11AI.286365**

Amount of Each Receipt this Period  
**10.41**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>73.09</b>
<b>TOTAL</b> This Period (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 135 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BENJAMIN BORGES-HERNANDEZ</b>		Date of Receipt
Mailing Address Paseo De Palma Real Buzon 185		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Juncos	State PR	Zip Code 00777-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281551</b>
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES 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="40.41"/>
	<input type="text" value="878.17"/>	

Full Name (Last, First, Middle Initial) <b>B. BENJAMIN BORGES-HERNANDEZ</b>		Date of Receipt
Mailing Address Paseo De Palma Real Buzon 185		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Juncos	State PR	Zip Code 00777-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281745</b>
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES 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="40.41"/>
	<input type="text" value="918.58"/>	

Full Name (Last, First, Middle Initial) <b>C. BENJAMIN BORGES-HERNANDEZ</b>		Date of Receipt
Mailing Address Paseo De Palma Real Buzon 185		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Juncos	State PR	Zip Code 00777-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281937</b>
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES 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="40.41"/>
	<input type="text" value="958.99"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="121.23"/>
<b>TOTAL</b> 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 136 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SHARON K BORTON</b>		Date of Receipt
Mailing Address 5359 29th Street NW		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20015		<b>Transaction ID : SA11AI.281552</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="51.10"/>
Name of Employer AFSCME INT'L	Occupation ASSIST. DIRECTOR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1096.88"/>	

Full Name (Last, First, Middle Initial) <b>B. SHARON K BORTON</b>		Date of Receipt
Mailing Address 5359 29th Street NW		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20015		<b>Transaction ID : SA11AI.281746</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="51.10"/>
Name of Employer AFSCME INT'L	Occupation ASSIST. DIRECTOR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1147.98"/>	

Full Name (Last, First, Middle Initial) <b>C. SHARON K BORTON</b>		Date of Receipt
Mailing Address 5359 29th Street NW		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20015		<b>Transaction ID : SA11AI.281938</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="51.10"/>
Name of Employer AFSCME INT'L	Occupation ASSIST. DIRECTOR, HUMAN RESOURCES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1199.08"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="153.30"/>
<b>TOTAL</b> 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 137 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. SHAWAN . BOSS-MCINTOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2347 Cranwood Drive SW  
 City Warren State OH Zip Code 44485  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WORD PROCESSING SPLST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283696**  
 Amount of Each Receipt this Period 8.00

**B. CAROL BOTTIGLIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.10

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282619**  
 Amount of Each Receipt this Period 60.83

**C. CAROL BOWSHIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 East Main Street  
 City Mt. Sterling State OH Zip Code 43143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11 Occupation OPERATIONS DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 971.55

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.282891**  
 Amount of Each Receipt this Period 116.73

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.56
<b>TOTAL</b> This Period (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 138 OF 1358
	<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. ERIC R. BOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 East Walnut Street

City Westerville State OH Zip Code 43801

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **657.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284327**

Amount of Each Receipt this Period  
**60.12**

**B. MELVIN BRABSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5510 Chalmers

City Detroit State MI Zip Code 48213

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.11**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284224**

Amount of Each Receipt this Period  
**22.99**

**C. MELVIN BRABSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5510 Chalmers

City Detroit State MI Zip Code 48213

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **523.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284273**

Amount of Each Receipt this Period  
**22.99**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>106.10</b>
<b>TOTAL</b> This Period (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 139 OF 1358
<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. ANDREA BRACHTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **335.99**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282620**

Amount of Each Receipt this Period  

96.24
-------

**B. MIKE BRADLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2320 Turner Lane

City Bel Air	State MD	Zip Code 21015
-----------------	-------------	-------------------

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

Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **452.64**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284410**

Amount of Each Receipt this Period  

39.36
-------

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

Mailing Address 300 N Derr Drive

City Lewisburg	State PA	Zip Code 17837-1387
-------------------	-------------	------------------------

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

Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.282119**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.24</b>
<b>TOTAL</b> This Period (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 140 OF 1358
	<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. CHRISTINE M. BRANCHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2223 NE Davis Street  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CARPENTER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **356.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.285137**  
 Amount of Each Receipt this Period **28.00**

**B. CHRISTINE M. BRANCHAW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2223 NE Davis Street  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CARPENTER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **384.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.285245**  
 Amount of Each Receipt this Period **28.00**

**C. TALISHIA R. BRANDAO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 155 Market Street  
 City Highspire State PA Zip Code 17034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.282733**  
 Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **106.00**  
**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 141 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. TALISHIA R. BRANDAO</b>		Date of Receipt
Mailing Address 155 Market Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Highspire	State PA	Zip Code 17034
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282813</b>
Name of Employer AFSCME PA CN 13/STATE OF PA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="650.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MARTHA J. BRANDLY</b>		Date of Receipt
Mailing Address 8033 Excelsior Drive Suite A		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Madison	State WI	Zip Code 53717-1903
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287579</b>
Name of Employer AFSCME WI CN 40		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="225.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MARTHA J. BRANDLY</b>		Date of Receipt
Mailing Address 8033 Excelsior Drive Suite A		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Madison	State WI	Zip Code 53717-1903
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287578</b>
Name of Employer AFSCME WI CN 40		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="235.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="260.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 142 OF 1358
	<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	<input type="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. JOANNE BRANNOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Hancock Drive  
 City State Zip Code  
 Glenmont NY 12077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286204**  
 Amount of Each Receipt this Period  
 38.48

**B. JOANNE BRANNOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Hancock Drive  
 City State Zip Code  
 Glenmont NY 12077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 221.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286218**  
 Amount of Each Receipt this Period  
 9.62

**C. JOANNE BRANNOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Hancock Drive  
 City State Zip Code  
 Glenmont NY 12077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME NY LOC 1000/NYS ADMIN. STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.286232**  
 Amount of Each Receipt this Period  
 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRYAN C. BRANSTETTER</b>		Date of Receipt
Mailing Address 911 1/2 NW Carden		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Pendleton State OR Zip Code 97801		<b>Transaction ID : SA11AI.285138</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="431.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BRYAN C. BRANSTETTER</b>		Date of Receipt
Mailing Address 911 1/2 NW Carden		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Pendleton State OR Zip Code 97801		<b>Transaction ID : SA11AI.285246</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="21.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="452.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MARIANO F. BRANTLEY</b>		Date of Receipt
Mailing Address 737 Grace Avenue		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Akron State OH Zip Code 44320		<b>Transaction ID : SA11AI.282390</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer AFSCME OH LOC 4/AKRON CITY	Occupation TEACHER AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="265.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.00"/>
<b>TOTAL</b> 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 144 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. MARIANO F. BRANTLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 737 Grace Avenue

City Akron State OH Zip Code 44320

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

Name of Employer AFSCME OH LOC 4/AKRON CITY Occupation TEACHER AIDE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.282391**

Amount of Each Receipt this Period **50.00**

**B. NIKKI BRAYMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **318.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285607**

Amount of Each Receipt this Period **15.00**

**C. NIKKI BRAYMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.285885**

Amount of Each Receipt this Period **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ERIC B. BREAU</b>			Date of Receipt
Mailing Address 90 Glen Road			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287488</b>
Cheshire	CT	06410-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="117.60"/>
Name of Employer	Occupation		
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="386.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ERIC B. BREAU</b>			Date of Receipt
Mailing Address 90 Glen Road			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287489</b>
Cheshire	CT	06410-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="436.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DEBORAH BRENEMAN</b>			Date of Receipt
Mailing Address 6610 124th Street SW			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286651</b>
Motley	MN	56466	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="188.00"/>
<b>TOTAL</b> 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 146 OF 1358
	<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. DEBORAH BRENEMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6610 124th Street SW  
 City Motley State MN Zip Code 56466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286707**  
 Amount of Each Receipt this Period  
 20.00

**B. JERRY M. BRENER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N3267 Opal Road  
 City Lake Geneva State WI Zip Code 53147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.284937**  
 Amount of Each Receipt this Period  
 18.00

**C. JERRY M. BRENER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address N3267 Opal Road  
 City Lake Geneva State WI Zip Code 53147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.284938**  
 Amount of Each Receipt this Period  
 18.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<b>TOTAL</b> This Period (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 147 OF 1358
	<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. JERRY M. BRENIER**  
Full Name (Last, First, Middle Initial)

Mailing Address N3267 Opal Road

City Lake Geneva State WI Zip Code 53147

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

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284939**

Amount of Each Receipt this Period 18.00

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

Mailing Address 3300 Old Trail Road

City York Haven State PA Zip Code 17370

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1163.16

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282622**

Amount of Each Receipt this Period 137.61

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

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.284028**

Amount of Each Receipt this Period 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.61

**TOTAL** This Period (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 148 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. TERRY L. BRENTLINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282967**

Amount of Each Receipt this Period 20.00

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

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283335**

Amount of Each Receipt this Period 20.00

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

Mailing Address 145 N. Main Street

City Lakeview State OH Zip Code 43331

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283698**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ROBERT BRISTOL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285608</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="26.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.50"/>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT BRISTOL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285886</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="26.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="627.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOE BRITTON</b>		Date of Receipt
Mailing Address 4635 Mira Loma Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Castro Valley	State CA	Zip Code 94546
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287670</b>
Name of Employer AFSCME CA CN 57/EAST BAY PARKS		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="45.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="330.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
<b>TOTAL</b> 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 150 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JOE BRITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4635 Mira Loma Street  
 City Castro Valley State CA Zip Code 94546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287669**  
 Amount of Each Receipt this Period  
 30.00

**B. MARIA BRITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 979 Kamm Road  
 City Springfield State IL Zip Code 62707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284836**  
 Amount of Each Receipt this Period  
 45.08

**C. MARIA BRITTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 979 Kamm Road  
 City Springfield State IL Zip Code 62707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284655**  
 Amount of Each Receipt this Period  
 45.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.16
<b>TOTAL</b> This Period (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 151 OF 1358
<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. MICHAEL S. BROADDUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1606 High Street SE  
 City Salem State OR Zip Code 97302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285139**  
 Amount of Each Receipt this Period 200.00

**B. BILL BROCKMILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1418 10th Street #204  
 City Lacrosse State WI Zip Code 54601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.284940**  
 Amount of Each Receipt this Period 30.00

**C. BILL BROCKMILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1418 10th Street #204  
 City Lacrosse State WI Zip Code 54601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.284941**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BILL BROCKMILLER</b>		Date of Receipt
Mailing Address 1418 10th Street #204		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Lacrosse	State WI	Zip Code 54601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284942</b>
Name of Employer AFSCME WI CN 24/STATE OF WI	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="30.00"/>
	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PAMELA K. BRODERSEN</b>		Date of Receipt
Mailing Address 418 W Santa Clara Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Santa Anna	State CA	Zip Code 92706
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287300</b>
Name of Employer AFSCME CA LOC 1199/COPE	Occupation REGRISTERED NURSE PRACTITIONE	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="50.00"/>
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PAMELA K. BRODERSEN</b>		Date of Receipt
Mailing Address 418 W Santa Clara Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Santa Anna	State CA	Zip Code 92706
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287134</b>
Name of Employer AFSCME CA LOC 1199/COPE	Occupation REGRISTERED NURSE PRACTITIONE	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="10.00"/>
	<input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> 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 153 OF 1358
<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. PAMELA K. BRODERSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 418 W Santa Clara Avenue

City Santa Anna State CA Zip Code 92706

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation REGISTERED NURSE PRACTITIONER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287222**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 120 Dwight Street #606

City New Haven State CT Zip Code 06511-0000

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

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 449.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287375**

Amount of Each Receipt this Period  
 12.90

**C. MATTHEW BROKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Dwight Street #606

City New Haven State CT Zip Code 06511-0000

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

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 488.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287374**

Amount of Each Receipt this Period  
 38.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.68

**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 154 OF 1358
<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. DEBORAH L. BROOKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 5th Avenue SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation LABOR ADVOCATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284068**  
 Amount of Each Receipt this Period  
 30.00

**B. DEBORAH L. BROOKMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1517 5th Avenue SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation LABOR ADVOCATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284117**  
 Amount of Each Receipt this Period  
 30.00

**C. CAITLIN BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17248 Tobermory Drive  
 City Pflugerville State TX Zip Code 78660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME TX LOC 1624 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286871**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (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 155 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Mailing Address 17248 Tobermory Drive

City Pflugerville	State TX	Zip Code 78660
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.286872**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 17248 Tobermory Drive

City Pflugerville	State TX	Zip Code 78660
----------------------	-------------	-------------------

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

Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286873**

Amount of Each Receipt this Period  
20.00

**C. CHARLETON D. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 Riverview Drive

City Marietta	State OH	Zip Code 45750
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/MARIETTA CSD	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.40

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282393**

Amount of Each Receipt this Period  
20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.84
<b>TOTAL</b> This Period (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 156 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MELANIE BROWN</b>		Date of Receipt
Mailing Address 512 E. 7th Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code The Dalles OR 97058		<b>Transaction ID : SA11AI.285140</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MELANIE BROWN</b>		Date of Receipt
Mailing Address 512 E. 7th Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code The Dalles OR 97058		<b>Transaction ID : SA11AI.285247</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MILO BROWN</b>		Date of Receipt
Mailing Address 514 Shatto Place 3rd Floor		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Los Angeles CA 90020		<b>Transaction ID : SA11AI.286960</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer AFSCME CA CN 36	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> 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 157 OF 1358
	<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. T BILLY BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 820 S Wright Street

City Naperville State IL Zip Code 60565

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **920.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284837**

Amount of Each Receipt this Period  
**83.66**

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

Mailing Address 820 S Wright Street

City Naperville State IL Zip Code 60565

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1003.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284656**

Amount of Each Receipt this Period  
**83.66**

**C. WANDA BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 17311 NW 46th Avenue

City Carol City State FL Zip Code 33055

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

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **656.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281553**

Amount of Each Receipt this Period  
**33.36**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.68**

**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 158 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WANDA BROWN</b>		Date of Receipt
Mailing Address 17311 NW 46th Avenue		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Carol City FL 33055		<b>Transaction ID : SA11AI.281747</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="33.36"/>
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="689.88"/>	

Full Name (Last, First, Middle Initial) <b>B. WANDA BROWN</b>		Date of Receipt
Mailing Address 17311 NW 46th Avenue		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Carol City FL 33055		<b>Transaction ID : SA11AI.281939</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="33.36"/>
Name of Employer AFSCME INT'L	Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="723.24"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM H. BROWN</b>		Date of Receipt
Mailing Address 17431 SE Forest Hill Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Damascus OR 97089		<b>Transaction ID : SA11AI.285141</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENVIRONMENTAL SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="330.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="96.72"/>
<b>TOTAL</b> 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 159 OF 1358
<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. WILLIAM H. BROWN**  
Full Name (Last, First, Middle Initial)

Mailing Address 17431 SE Forest Hill Drive

City Damascus	State OR	Zip Code 97089
------------------	-------------	-------------------

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

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENVIRONMENTAL SPECIALIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285248**

Amount of Each Receipt this Period  

360.00
--------

**B. ALAN BRUBACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2502 S. 4th Street

City Steelton	State PA	Zip Code 17113
------------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation MAINTENANCE SUPERVISOR
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **629.11**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282623**

Amount of Each Receipt this Period  

85.16
-------

**C. PETER BRUCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285611**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.16</b>
<b>TOTAL</b> This Period (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 160 OF 1358
<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. PETER BRUCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285889**

Amount of Each Receipt this Period  
10.00

**B. MACHELLE K. BRUNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 East Main Street

City New Britain State CT Zip Code 06051-0000

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

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.287339**

Amount of Each Receipt this Period  
8.00

**C. ADRIANE D. BUCHANAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 17252 Hawthorne Blvd.  
#277

City Torrance State CA Zip Code 90504

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

Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : SA11AI.286991**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.00
<b>TOTAL</b> This Period (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 161 OF 1358
	<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. JEROME BUCHANAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10833 West 'O' Avenue

City Mattawan State MI Zip Code 49071

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284225**

Amount of Each Receipt this Period  
 12.00

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

Mailing Address 10833 West 'O' Avenue

City Mattawan State MI Zip Code 49071

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284274**

Amount of Each Receipt this Period  
 12.00

**C. ROBERT L. BUCKINGHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 413 1st Street N.E.

City Little Falls State MN Zip Code 56345-2607

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284462**

Amount of Each Receipt this Period  
 24.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.00
<b>TOTAL</b> This Period (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 162 OF 1358
	<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. EDITH E. BUCKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1184 Trentwood Road

City Columbus State OH Zip Code 43221

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **626.56**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284329**

Amount of Each Receipt this Period  
**55.90**

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

Mailing Address 6138 Main Street

City Pleasant Plains State IL Zip Code 62677

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation REVENUE TAX SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **201.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285471**

Amount of Each Receipt this Period  
**16.80**

**C. BRUCE D. BULICK**  
Full Name (Last, First, Middle Initial)

Mailing Address #4 Glacier Orchards Road

City White Salmon State WA Zip Code 98672

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ADM AIDE III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **306.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285143**

Amount of Each Receipt this Period  
**25.50**

**SUBTOTAL** of Receipts This Page (optional)..... **98.20**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 1358
	<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. BRUCE D. BULICK**  
Full Name (Last, First, Middle Initial)

Mailing Address #4 Glacier Orchards Road

City State Zip Code  
White Salmon WA 98672

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

Name of Employer Occupation  
AFSCME OR CN 75/STATE OF OR ADM AIDE III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
331.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.285250**

Amount of Each Receipt this Period  
25.50

**B. DELBERT R. BUMGARDNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 69296 Barton Road

City State Zip Code  
St. Clairvle OH 43950

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

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.283699**

Amount of Each Receipt this Period  
8.00

**C. SHANE A. BUMGARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 S. Walnut

City State Zip Code  
Springfield IL 62704

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

Name of Employer Occupation  
AFSCME IL CN 31 ASST MIS SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
559.46

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2012  
**Transaction ID : SA11AI.284838**

Amount of Each Receipt this Period  
50.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 84.36

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 1358
	<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. SHANE A. BUMGARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2619 S. Walnut

City Springfield State IL Zip Code 62704

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

Name of Employer AFSCME IL CN 31 Occupation ASST MIS SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **610.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284657**

Amount of Each Receipt this Period  
**50.86**

**B. CARTER A BUNDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1968 Otowi Drive

City Santa Fe State NM Zip Code 87505

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

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REP. III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **902.11**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281554**

Amount of Each Receipt this Period  
**41.33**

**C. CARTER A BUNDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1968 Otowi Drive

City Santa Fe State NM Zip Code 87505

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

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REP. III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **943.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281748**

Amount of Each Receipt this Period  
**41.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.52</b>
<b>TOTAL</b> This Period (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 165 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CARTER A BUNDY</b>			Date of Receipt
Mailing Address 1968 Otowi Drive			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281940</b>
Santa Fe	NM	87505	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.33"/>
Name of Employer	Occupation		
AFSCME INT'L	POLITICAL ACTION REP. III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="984.77"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. THERESE BUNN</b>			Date of Receipt
Mailing Address 1212 Jefferson Street SE			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285612</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. THERESE BUNN</b>			Date of Receipt
Mailing Address 1212 Jefferson Street SE			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285890</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="231.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.33"/>
<b>TOTAL</b> 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 166 OF 1358
	<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. JUSTIN H. BURCHARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Harvard Street NW  
Apt #714

City Washington State DC Zip Code 20009

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

Name of Employer AFSCME INT'L Occupation DATA & TARGETING PROGRAM MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
806.46

Date of Receipt  
11 / 29 / 2012  
**Transaction ID : SA11AI.281555**

Amount of Each Receipt this Period  
37.14

**B. JUSTIN H. BURCHARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Harvard Street NW  
Apt #714

City Washington State DC Zip Code 20009

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

Name of Employer AFSCME INT'L Occupation DATA & TARGETING PROGRAM MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
843.60

Date of Receipt  
12 / 11 / 2012  
**Transaction ID : SA11AI.281749**

Amount of Each Receipt this Period  
37.14

**C. JUSTIN H. BURCHARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Harvard Street NW  
Apt #714

City Washington State DC Zip Code 20009

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

Name of Employer AFSCME INT'L Occupation DATA & TARGETING PROGRAM MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
880.74

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.281941**

Amount of Each Receipt this Period  
37.14

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.42

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 167 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. DAVID A. BURDICK</b>		Date of Receipt
Mailing Address P.O. Box 14		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Copake Falls NY 12517		<b>Transaction ID : SA11AI.286205</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.48"/>
Name of Employer AFSCME NY LOC 1000/OYSTER BAY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="211.64"/>	

Full Name (Last, First, Middle Initial) <b>B. DAVID A. BURDICK</b>		Date of Receipt
Mailing Address P.O. Box 14		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Copake Falls NY 12517		<b>Transaction ID : SA11AI.286219</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/OYSTER BAY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="221.26"/>	

Full Name (Last, First, Middle Initial) <b>C. DAVID A. BURDICK</b>		Date of Receipt
Mailing Address P.O. Box 14		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City State Zip Code Copake Falls NY 12517		<b>Transaction ID : SA11AI.286233</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/OYSTER BAY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> 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 168 OF 1358
<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. ROBERT J. BURGESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 W. Meek Street

City Abingdon State IL Zip Code 61410

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.285350**

Amount of Each Receipt this Period  
30.00

**B. ROBERT J. BURGESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 W. Meek Street

City Abingdon State IL Zip Code 61410

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285473**

Amount of Each Receipt this Period  
30.00

**C. RICHARD BURKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 Beard Road

City New Boston State NH Zip Code 03070-0000

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

Name of Employer AFSCME MA CN 93 Occupation LNA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.284500**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 1358
	<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. SHERRI-ANN BURKE**  
Full Name (Last, First, Middle Initial)

Mailing Address PMB 1404 120 State Avenue

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation LABOR ADVOCATE
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2012

**Transaction ID : SA11AI.284069**

Amount of Each Receipt this Period  

94.50	94.50	21.00
-------	-------	-------

**B. SHERRI-ANN BURKE**  
Full Name (Last, First, Middle Initial)

Mailing Address PMB 1404 120 State Avenue

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation LABOR ADVOCATE
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2012

**Transaction ID : SA11AI.284118**

Amount of Each Receipt this Period  

94.50	94.50	21.00
-------	-------	-------

**C. CAROL L. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City Arlington	State VA	Zip Code 22213
-------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation MANAGER, ART & GRAPHIC DESIGN
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1155.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		29		2012

**Transaction ID : SA11AI.281556**

Amount of Each Receipt this Period  

94.50	94.50	52.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>94.50</b>
<b>TOTAL</b> This Period (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 170 OF 1358
	<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. CAROL L. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City State Zip Code  
Arlington VA 22213

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

Name of Employer Occupation  
AFSCME INT'L MANAGER, ART & GRAPHIC DESIGN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1207.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012  
**Transaction ID : SA11AI.281750**

Amount of Each Receipt this Period  
52.50

**B. CAROL L. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1921 N. Westmoreland Street

City State Zip Code  
Arlington VA 22213

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

Name of Employer Occupation  
AFSCME INT'L MANAGER, ART & GRAPHIC DESIGN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.281942**

Amount of Each Receipt this Period  
52.50

**C. DOUGLAS R. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2051 McKenna Blvd.

City State Zip Code  
Madison WI 53711

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

Name of Employer Occupation  
AFSCME INT'L POLITICAL ACTION COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1044.47

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.281557**

Amount of Each Receipt this Period  
52.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 1358
	<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. DOUGLAS R. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2051 McKenna Blvd.

City Madison State WI Zip Code 53711

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

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1096.97**

Date of Receipt **12 / 11 / 2012**  
Transaction ID : **SA11AI.281751**

Amount of Each Receipt this Period **52.50**

**B. DOUGLAS R. BURNETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2051 McKenna Blvd.

City Madison State WI Zip Code 53711

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

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1149.47**

Date of Receipt **12 / 21 / 2012**  
Transaction ID : **SA11AI.281943**

Amount of Each Receipt this Period **52.50**

**C. MARY T. BURPEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 609 W. Walworth Street

City Elkhorn State WI Zip Code 53121

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

Name of Employer AFSCME WI CN 40 Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 27 / 2012**  
Transaction ID : **SA11AI.287581**

Amount of Each Receipt this Period **60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**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 172 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARY T. BURPEE</b>		Date of Receipt
Mailing Address 609 W. Walworth Street		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City State Zip Code Elkhorn WI 53121		<b>Transaction ID : SA11AI.287580</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer AFSCME WI CN 40	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PEGGY S. BURTON</b>		Date of Receipt
Mailing Address 6 Georg Road		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City State Zip Code Petersburg IL 62675		<b>Transaction ID : SA11AI.285351</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="44.96"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation DATA PROCESSING TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="517.04"/>	

Full Name (Last, First, Middle Initial) <b>C. PEGGY S. BURTON</b>		Date of Receipt
Mailing Address 6 Georg Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Petersburg IL 62675		<b>Transaction ID : SA11AI.285474</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="44.96"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation DATA PROCESSING TECH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="562.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="119.92"/>
<b>TOTAL</b> 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 173 OF 1358
	<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. RICHARD BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285613**

Amount of Each Receipt this Period 10.00

**B. RICHARD BURTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285891**

Amount of Each Receipt this Period 10.00

**C. MIKE J. BURWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 SE Regner Road

City Gresham State OR Zip Code 97080

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285144**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 1358
	<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. MIKE J. BURWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1970 SE Regner Road

City Gresham State OR Zip Code 97080

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285251**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 6309 Desmond Street

City Cincinnati State OH Zip Code 45227

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282969**

Amount of Each Receipt this Period  
 11.00

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

Mailing Address 6309 Desmond Street

City Cincinnati State OH Zip Code 45227

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283337**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<b>TOTAL</b> This Period (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 175 OF 1358
	<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. DARNELL N. BUSCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6309 Desmond Street

City Cincinnati	State OH	Zip Code 45227
--------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283700**

Amount of Each Receipt this Period  

10.00
-------

**B. DONALD E. BUSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 2721 8th Avenue

City Rock Island	State IL	Zip Code 61201
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285352**

Amount of Each Receipt this Period  

24.00
-------

**C. KATHY R. BUTCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Valleydale Way

City Columbus	State OH	Zip Code 43231
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **281.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282970**

Amount of Each Receipt this Period  

11.72
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.72</b>
<b>TOTAL</b> This Period (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 176 OF 1358
	<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. KATHY R. BUTCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Valleydale Way

City Columbus	State OH	Zip Code 43231
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
293.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283338**

Amount of Each Receipt this Period  
11.72

**B. KATHY R. BUTCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4535 Valleydale Way

City Columbus	State OH	Zip Code 43231
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT III
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283701**

Amount of Each Receipt this Period  
11.72

**C. JAMES E. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5821 N Fotheringham Street

City Spokane	State WA	Zip Code 99205
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286147**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.44
<b>TOTAL</b> This Period (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 177 OF 1358
	<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. JAMES E. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5821 N Fotheringham Street

City Spokane State WA Zip Code 99205

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

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.286148**

Amount of Each Receipt this Period 100.00

**B. JAMES E. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5821 N Fotheringham Street

City Spokane State WA Zip Code 99205

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

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286149**

Amount of Each Receipt this Period 100.00

**C. KATHY A. BUTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 W 5th Box 78

City Woodward State IA Zip Code 50276

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286501**

Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 178 OF 1358				
<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) <b>A. KATHY A. BUTLER</b>		Date of Receipt
Mailing Address 308 W 5th Box 78		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Woodward	State IA	Zip Code 50276
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286371</b>
Name of Employer AFSCME IA CN 61/STATE OF IA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="495.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MATT BUTLER</b>		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284384</b>
Name of Employer AFSCME IA CN 61		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="360.00"/>		

Full Name (Last, First, Middle Initial) <b>C. NICOLE BUTLER</b>		Date of Receipt
Mailing Address 3011 29th Avenue NW		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98502
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285614</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="22.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="506.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="72.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 179 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. NICOLE BUTLER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285892</b>		
Mailing Address 3011 29th Avenue NW			Amount of Each Receipt this Period 22.00		
City Olympia	State WA	Zip Code 98502			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 528.00			

Full Name (Last, First, Middle Initial) <b>B. LORI L. BUTTERFIELD</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285615</b>		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 12.00		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.00			

Full Name (Last, First, Middle Initial) <b>C. LORI L. BUTTERFIELD</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285893</b>		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 12.00		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.00
<b>TOTAL</b> This Period (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 180 OF 1358
<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. MARILYNN E. BYRD**  
Full Name (Last, First, Middle Initial)

Mailing Address 895 Rainbow Drive

City Springfield State OR Zip Code 97477

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

Name of Employer: AFSCME OR CN 75/STATE OF OR Occupation: SYSTEMS TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **11 / 30 / 2012**  
Transaction ID : **SA11AI.285145**

Amount of Each Receipt this Period: **20.00**

**B. MARILYNN E. BYRD**  
Full Name (Last, First, Middle Initial)

Mailing Address 895 Rainbow Drive

City Springfield State OR Zip Code 97477

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

Name of Employer: AFSCME OR CN 75/STATE OF OR Occupation: SYSTEMS TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt: **12 / 28 / 2012**  
Transaction ID : **SA11AI.285252**

Amount of Each Receipt this Period: **20.00**

**C. JOY CAGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9022 East E Street

City Parkland State WA Zip Code 98445-2259

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

Name of Employer: AFSCME WA CN 28/STATE OF WA Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **332.50**

Date of Receipt: **12 / 10 / 2012**  
Transaction ID : **SA11AI.285617**

Amount of Each Receipt this Period: **17.50**

**SUBTOTAL** of Receipts This Page (optional)..... **57.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOY CAGE</b>			Date of Receipt
Mailing Address 9022 East E Street			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285895</b>
Parkland	WA	98445-2259	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="17.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SUSAN CAHEN</b>			Date of Receipt
Mailing Address 5384 Meadow Wood Blvd.			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282146</b>
Lyndhurst	OH	44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SUSAN CAHEN</b>			Date of Receipt
Mailing Address 5384 Meadow Wood Blvd.			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282201</b>
Lyndhurst	OH	44124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77.50"/>
<b>TOTAL</b> 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 182 OF 1358
	<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. SUSAN CAHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5384 Meadow Wood Blvd.

City Lyndhurst	State OH	Zip Code 44124
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282257**

Amount of Each Receipt this Period  
20.00

**B. PAULA J. CAIRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Fourteenth Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1331.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281559**

Amount of Each Receipt this Period  
60.50

**C. PAULA J. CAIRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Fourteenth Street SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1391.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281753**

Amount of Each Receipt this Period  
60.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.00
<b>TOTAL</b> This Period (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 183 OF 1358
	<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. PAULA J. CAIRA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Fourteenth Street SE  
City Washington State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1452.00

Date of Receipt 12 / 21 / 2012  
Transaction ID : SA11AI.281945  
Amount of Each Receipt this Period 60.50

**B. NINA M. CALABRIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6124 Crystal Valley Drive  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 4 Occupation ADMINISTRATIVE ASSISTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 640.00

Date of Receipt 12 / 04 / 2012  
Transaction ID : SA11AI.282147  
Amount of Each Receipt this Period 50.00

**C. NINA M. CALABRIA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6124 Crystal Valley Drive  
City Galena State OH Zip Code 43021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 4 Occupation ADMINISTRATIVE ASSISTANT  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 665.00

Date of Receipt 12 / 20 / 2012  
Transaction ID : SA11AI.282202  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional)..... 135.50  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 1358
	<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. NINA M. CALABRIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6124 Crystal Valley Drive

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation ADMINISTRATIVE ASSISTANT
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282258**

Amount of Each Receipt this Period  

25.00
-------

**B. ROBIN CALABRIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2507 Winslow Hill Road

City Benezette	State PA	Zip Code 15821
-------------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.77**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282624**

Amount of Each Receipt this Period  

34.20
-------

**C. CHAD D. CALDWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1468 Galway Bend Drive S.

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282148**

Amount of Each Receipt this Period  

50.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>109.20</b>
<b>TOTAL</b> This Period (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 185 OF 1358
	<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. CHAD D. CALDWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1468 Galway Bend Drive S.  
City Pataskala State OH Zip Code 43062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282203**  
Amount of Each Receipt this Period 25.00

**B. CHAD D. CALDWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1468 Galway Bend Drive S.  
City Pataskala State OH Zip Code 43062  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282259**  
Amount of Each Receipt this Period 25.00

**C. PAMELA D. CALDWELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1861 Bairsford Drive  
City Columbus State OH Zip Code 43232  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICES  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 283.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.284026**  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 186 OF 1358
	<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	<input type="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. PAMELA D. CALDWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1861 Bairsford Drive

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282973**

Amount of Each Receipt this Period  

11.00
-------

**B. PAMELA D. CALDWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1861 Bairsford Drive

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283341**

Amount of Each Receipt this Period  

11.00
-------

**C. PAMELA D. CALDWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1861 Bairsford Drive

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICES
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **316.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283704**

Amount of Each Receipt this Period  

11.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>33.00</b>
<b>TOTAL</b> This Period (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 187 OF 1358  
(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. MICHAEL A. CALING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285618**  
 Amount of Each Receipt this Period  
 10.00

**B. MICHAEL A. CALING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285896**  
 Amount of Each Receipt this Period  
 10.00

**C. CALVIN A. CALKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45-480 Hiipoi Street  
 City Kaneohe State HI Zip Code 96744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285027**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 OF 1358
	<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. ROBERT CALVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Church Road

City Mercer State PA Zip Code 16137-5911

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 951.08

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282625**

Amount of Each Receipt this Period 109.74

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

Mailing Address 6555 N. Maplewood

City Chicago State IL Zip Code 60645

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

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 870.76

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284839**

Amount of Each Receipt this Period 79.16

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

Mailing Address 6555 N. Maplewood

City Chicago State IL Zip Code 60645

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

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR POL./COM. RELATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.92

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284658**

Amount of Each Receipt this Period 79.16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 268.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SUSAN CAMERON</b>			Date of Receipt
Mailing Address P.O. Box 32			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284226</b>
Manistique	MI	49854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="483.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SUSAN CAMERON</b>			Date of Receipt
Mailing Address P.O. Box 32			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284275</b>
Manistique	MI	49854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="504.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SCOTT P. CAMPBELL</b>			Date of Receipt
Mailing Address P.O. Box 1378			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285146</b>
Hermiston	OR	97838	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75/STATE OF OR	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="62.00"/>
<b>TOTAL</b> 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 190 OF 1358
<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. SCOTT P. CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1378

City Hermiston State OR Zip Code 97838

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285253**

Amount of Each Receipt this Period 20.00

**B. TERESA CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Morgan Road

City Lake Orion State MI Zip Code 48359

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284227**

Amount of Each Receipt this Period 21.00

**C. TERESA CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Morgan Road

City Lake Orion State MI Zip Code 48359

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.284276**

Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 62.00

**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 191 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ULIQUE A. CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley Road

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UNEMPLOYMENT CLAIMS TECH
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
507.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284027**

Amount of Each Receipt this Period  
45.00

**B. ULIQUE A. CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley Road

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UNEMPLOYMENT CLAIMS TECH
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
518.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282975**

Amount of Each Receipt this Period  
11.00

**C. ULIQUE A. CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley Road

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UNEMPLOYMENT CLAIMS TECH
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
529.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283343**

Amount of Each Receipt this Period  
11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.00
<b>TOTAL</b> This Period (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 192 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ULIQUE A. CAMPBELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1633 Berkeley Road

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UNEMPLOYMENT CLAIMS TECH
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283706**

Amount of Each Receipt this Period  

11.00
-------

**B. CLAYTON L. CAMPO**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Mary Street

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282976**

Amount of Each Receipt this Period  

10.00
-------

**C. CLAYTON L. CAMPO**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 Mary Street

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283344**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>31.00</b>
<b>TOTAL</b> This Period (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 193 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. CLAYTON L. CAMPO</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283707</b>
Mailing Address 527 Mary Street		Amount of Each Receipt this Period 10.00
City Marion State OH Zip Code 43302	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00

Full Name (Last, First, Middle Initial) <b>B. GUY C. CAMPO</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.282977</b>
Mailing Address 9972 State Route 309		Amount of Each Receipt this Period 11.00
City Galion State OH Zip Code 44833	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00

Full Name (Last, First, Middle Initial) <b>C. GUY C. CAMPO</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283345</b>
Mailing Address 9972 State Route 309		Amount of Each Receipt this Period 11.00
City Galion State OH Zip Code 44833	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32.00
<b>TOTAL</b> This Period (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 194 OF 1358
	<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. GUY C. CAMPO**  
Full Name (Last, First, Middle Initial)

Mailing Address 9972 State Route 309

City Galion State OH Zip Code 44833

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MAINTENANCE REPAIR TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283708**

Amount of Each Receipt this Period 11.00

**B. JEANA L. CAMPOLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 E. Burgess Street

City Mount Vernon State OH Zip Code 43050

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282978**

Amount of Each Receipt this Period 12.00

**C. JEANA L. CAMPOLO**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 E. Burgess Street

City Mount Vernon State OH Zip Code 43050

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283346**

Amount of Each Receipt this Period 12.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 35.00

**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 195 OF 1358  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. JEANA L. CAMPOLO**

Mailing Address 504 E. Burgess Street

City State Zip Code  
Mount Vernon OH 43050

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

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11Al.283709**

Amount of Each Receipt this Period  
12.00

Full Name (Last, First, Middle Initial)  
**B. KAREN L. CAMPOS**

Mailing Address 5365 Aldrich Road

City State Zip Code  
South Gate CA 90280

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

Name of Employer Occupation  
AFSCME CA LOC 1199/COPE NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11Al.287301**

Amount of Each Receipt this Period  
60.00

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

Mailing Address 5365 Aldrich Road

City State Zip Code  
South Gate CA 90280

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

Name of Employer Occupation  
AFSCME CA LOC 1199/COPE NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012  
**Transaction ID : SA11Al.287140**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.00

**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 196 OF 1358
	<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. KAREN L. CAMPOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5365 Aldrich Road

City South Gate State CA Zip Code 90280

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287228**

Amount of Each Receipt this Period  
 10.00

**B. IDA C. CANADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285619**

Amount of Each Receipt this Period  
 10.50

**C. IDA C. CANADY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285897**

Amount of Each Receipt this Period  
 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.00

**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 197 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. LINDA CANAN-STEPHENS</b>		Date of Receipt
Mailing Address 9013 Advantage Court		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Burke	VA	22003
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281560</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="103.13"/>
Name of Employer	Occupation	
AFSCME INT'L	EXEC. ASSISTANT TO SECRETARY TREAS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2174.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LINDA CANAN-STEPHENS</b>		Date of Receipt
Mailing Address 9013 Advantage Court		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Burke	VA	22003
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281754</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="103.13"/>
Name of Employer	Occupation	
AFSCME INT'L	EXEC. ASSISTANT TO SECRETARY TREAS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2277.45"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LINDA CANAN-STEPHENS</b>		Date of Receipt
Mailing Address 9013 Advantage Court		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Burke	VA	22003
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281946</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="103.13"/>
Name of Employer	Occupation	
AFSCME INT'L	EXEC. ASSISTANT TO SECRETARY TREAS	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2380.58"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="309.39"/>
<b>TOTAL</b> 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 198 OF 1358  
(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. NICHELLE A. CANNON-DES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 PARKSIDE ROAD  
 City NEW HAVEN State CT Zip Code 06515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287400**  
 Amount of Each Receipt this Period  
 8.00

**B. GAYLE A. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Del Brienza  
 City Lake Elsinore State CA Zip Code 92532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287302**  
 Amount of Each Receipt this Period  
 60.00

**C. GAYLE A. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Del Brienza  
 City Lake Elsinore State CA Zip Code 92532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287141**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 199 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. GAYLE A. CANTRELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Del Brienza  
 City Lake Elsinore State CA Zip Code 92532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287229**  
 Amount of Each Receipt this Period  
 10.00

**B. LISA M. CAPONI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Shadow Drive  
 City Pittsburgh State PA Zip Code 15227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 299.50

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281561**  
 Amount of Each Receipt this Period  
 13.87

**C. LISA M. CAPONI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Shadow Drive  
 City Pittsburgh State PA Zip Code 15227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.37

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281755**  
 Amount of Each Receipt this Period  
 13.87

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	37.74
<b>TOTAL</b> This Period (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 200 OF 1358
	<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. LISA M. CAPONI**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Shadow Drive

City Pittsburgh State PA Zip Code 15227

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

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASST. I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **327.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281947**

Amount of Each Receipt this Period  
**13.87**

**B. RICHARD CAPONI**  
Full Name (Last, First, Middle Initial)

Mailing Address 4453 Stilley Road

City Pittsburgh State PA Zip Code 15227

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1495.29**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282626**

Amount of Each Receipt this Period  
**173.52**

**C. LESLEE M. CARADINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4155 New Road

City Austintown State OH Zip Code 44515

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283710**

Amount of Each Receipt this Period  
**8.00**

**SUBTOTAL** of Receipts This Page (optional)..... **195.39**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GINO A. CARBENIA</b>		Date of Receipt
Mailing Address 4646 Wakeford Street		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.281562</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR	<input type="text" value="127.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2072.97"/>	

Full Name (Last, First, Middle Initial) <b>B. GINO A. CARBENIA</b>		Date of Receipt
Mailing Address 4646 Wakeford Street		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.281756</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR	<input type="text" value="127.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2200.44"/>	

Full Name (Last, First, Middle Initial) <b>C. GINO A. CARBENIA</b>		Date of Receipt
Mailing Address 4646 Wakeford Street		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11Al.281948</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR	<input type="text" value="127.47"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2327.91"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="382.41"/>
<b>TOTAL</b> 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 202 OF 1358
	<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. DENISE L. CAREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4069 Brookrun Drive

City Columbus State OH Zip Code 43204

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.282980**

Amount of Each Receipt this Period **16.00**

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

Mailing Address 4069 Brookrun Drive

City Columbus State OH Zip Code 43204

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.283348**

Amount of Each Receipt this Period **16.00**

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

Mailing Address 4069 Brookrun Drive

City Columbus State OH Zip Code 43204

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283711**

Amount of Each Receipt this Period **16.00**

**SUBTOTAL** of Receipts This Page (optional)..... **48.00**

**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 203 OF 1358  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. PAMELA I. CARL**

Mailing Address 1021 K Street

City Centralia State WA Zip Code 98531

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

Name of Employer AFSCME WA CN 28 Occupation VMO COORDINATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 217.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286150**

Amount of Each Receipt this Period  
 7.00

Full Name (Last, First, Middle Initial)  
**B. PAMELA I. CARL**

Mailing Address 1021 K Street

City Centralia State WA Zip Code 98531

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

Name of Employer AFSCME WA CN 28 Occupation VMO COORDINATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 238.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284070**

Amount of Each Receipt this Period  
 21.00

Full Name (Last, First, Middle Initial)  
**C. PAMELA I. CARL**

Mailing Address 1021 K Street

City Centralia State WA Zip Code 98531

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

Name of Employer AFSCME WA CN 28 Occupation VMO COORDINATOR

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 259.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284119**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.00

**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 204 OF 1358	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. JANNA M. CARLSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.286800</b>	
Mailing Address 1365 137th Street NW			Amount of Each Receipt this Period 80.00	
City Monticello	State MN	Zip Code 55362		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. JANNA M. CARLSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286769</b>	
Mailing Address 1365 137th Street NW			Amount of Each Receipt this Period 10.00	
City Monticello	State MN	Zip Code 55362		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MN CN 5/HENNEPIN 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		

Full Name (Last, First, Middle Initial) <b>C. JANNA M. CARLSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012 <b>Transaction ID : SA11AI.286785</b>	
Mailing Address 1365 137th Street NW			Amount of Each Receipt this Period 10.00	
City Monticello	State MN	Zip Code 55362		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (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 205 OF 1358
	<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. JOYCE CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 911 Aldine Street

City Saint Paul State MN Zip Code 55104

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284463**

Amount of Each Receipt this Period  
 72.28

**B. JUDY C. CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284464**

Amount of Each Receipt this Period  
 40.00

**C. MELISSA CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285620**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.28
<b>TOTAL</b> This Period (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 206 OF 1358
	<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. MELISSA CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285898**

Amount of Each Receipt this Period  
10.00

**B. SYLVIA C. CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 38th Avenue NE

City Tacoma State WA Zip Code 98422

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285621**

Amount of Each Receipt this Period  
10.50

**C. SYLVIA C. CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2936 38th Avenue NE

City Tacoma State WA Zip Code 98422

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285899**

Amount of Each Receipt this Period  
10.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.00
<b>TOTAL</b> This Period (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 207 OF 1358
	<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. SHERI CARNAHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2007 Emerald Drive

City Davenport State IA Zip Code 52084

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

Name of Employer AFSCME IA CN 61 Occupation WORKFORCE ADVISOR II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **804.00**

Date of Receipt **12 / 13 / 2012**

**Transaction ID : SA11AI.284385**

Amount of Each Receipt this Period **67.00**

**B. MICHELE CARON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5675 135th Street

City Little Falls State MN Zip Code 56345

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.286653**

Amount of Each Receipt this Period **20.00**

**C. MICHELE CARON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5675 135th Street

City Little Falls State MN Zip Code 56345

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.286709**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **107.00**

**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 208 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ADDO CARPENTER JR.</b>			Date of Receipt
Mailing Address 9212A S. Halsted Avenue			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285354</b>
Chicago	IL	60620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.82"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	CHILD SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="397.43"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ADDO CARPENTER JR.</b>			Date of Receipt
Mailing Address 9212A S. Halsted Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285476</b>
Chicago	IL	60620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	CHILD SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="407.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CONSTANCE CARR</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285622</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="41.23"/>
<b>TOTAL</b> 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 209 OF 1358
	<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. CONSTANCE CARR**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.285900

Amount of Each Receipt this Period  
10.00

**B. MELODY A. CARR**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 FARNSWORTH ST

City NEW HAVEN State CT Zip Code 06517

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

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
12 / 21 / 2012  
Transaction ID : SA11AI.287403

Amount of Each Receipt this Period  
8.00

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

Mailing Address 731 Mohican Drive

City Loveland State OH Zip Code 45140

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

Name of Employer AFSCME OH LOC 4/LOVELAND CS Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.12

Date of Receipt  
12 / 04 / 2012  
Transaction ID : SA11AI.282397

Amount of Each Receipt this Period  
20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 38.84

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 1358
	<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. WILLIAM J. CARRIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 731 Mohican Drive

City Loveland	State OH	Zip Code 45140
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/LOVELAND CS	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
416.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282398**

Amount of Each Receipt this Period  
41.68

**B. CHAD W. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6653 13th Street NW

City Washington	State DC	Zip Code 20012
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation MANAGER, MEMBER AND AFFILIATE SVCS
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
422.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281563**

Amount of Each Receipt this Period  
11.00

**C. CHAD W. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6653 13th Street NW

City Washington	State DC	Zip Code 20012
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation MANAGER, MEMBER AND AFFILIATE SVCS
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
433.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281757**

Amount of Each Receipt this Period  
11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.68
<b>TOTAL</b> This Period (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 211 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CHAD W. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6653 13th Street NW

City Washington State DC Zip Code 20012

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

Name of Employer AFSCME INT'L Occupation MANAGER, MEMBER AND AFFILIATE SVCS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.281949**

Amount of Each Receipt this Period  
11.00

**B. JANE M. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 12th Street NE Apt. 101

City Washington State DC Zip Code 20002

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

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, ORGANIZING & FLD SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1708.50

Date of Receipt  
11 / 29 / 2012  
**Transaction ID : SA11AI.281564**

Amount of Each Receipt this Period  
78.00

**C. JANE M. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 12th Street NE Apt. 101

City Washington State DC Zip Code 20002

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

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, ORGANIZING & FLD SVC

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1786.50

Date of Receipt  
12 / 11 / 2012  
**Transaction ID : SA11AI.281758**

Amount of Each Receipt this Period  
78.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 167.00

**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 212 OF 1358
	<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. JANE M. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 12th Street NE  
Apt. 101

City Washington State DC Zip Code 20002

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

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, ORGANIZING & FLD SVC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1866.24

Date of Receipt  
12 / 21 / 2012  
Transaction ID : SA11AI.281950

Amount of Each Receipt this Period  
79.74

**B. LEROY CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Towner Road

City Ann Arbor State MI Zip Code 48105

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
644.17

Date of Receipt  
12 / 06 / 2012  
Transaction ID : SA11AI.284228

Amount of Each Receipt this Period  
29.12

**C. LEROY CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Towner Road

City Ann Arbor State MI Zip Code 48105

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
673.29

Date of Receipt  
12 / 19 / 2012  
Transaction ID : SA11AI.284277

Amount of Each Receipt this Period  
29.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 137.98

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 1358
	<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. LESLIE A. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2466 Anna Way

City Elgin	State IL	Zip Code 60124
---------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **745.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284840**

Amount of Each Receipt this Period  

67.74
-------

**B. LESLIE A. CARTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2466 Anna Way

City Elgin	State IL	Zip Code 60124
---------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **812.88**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284659**

Amount of Each Receipt this Period  

67.74
-------

**C. HEATHER J. CARVER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 554

City Taylorville	State IL	Zip Code 62568
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation MEDICAL ASSISTANT
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285355**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.48</b>
<b>TOTAL</b> This Period (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 214 OF 1358
	<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. HEATHER J. CARVER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 554

City Taylorville State IL Zip Code 62568

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MEDICAL ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285477**

Amount of Each Receipt this Period  
 200.00

**B. ROBERT CASON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Executive Park Drive

City Harrisburg State PA Zip Code 17111

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1133.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282627**

Amount of Each Receipt this Period  
 78.28

**C. CRAIG L. CASSIDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 11620 State Route 113 E

City Berlin Heights State OH Zip Code 44814

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283714**

Amount of Each Receipt this Period  
 8.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 106.28

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 1358
	<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. NORMA CASTRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285624**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285902**

Amount of Each Receipt this Period  
20.00

**C. MARY L. CAUDILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 6744 US Highway 52

City Ripley	State OH	Zip Code 45167
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/RIPLEY-UNION-LEWIS	Occupation BUS DRIVER
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282400**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.24
<b>TOTAL</b> This Period (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 216 OF 1358
	<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. TARA CAUGHEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 Thompson Street

City Dalton State PA Zip Code 18414

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

Name of Employer AFSCME PA CN 13 Occupation CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **940.92**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282628**

Amount of Each Receipt this Period **73.16**

**B. EDDIE A. CAUMIANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 S. Virginia Avenue

City Belleville State IL Zip Code 62220

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **920.26**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.284841**

Amount of Each Receipt this Period **83.66**

**C. EDDIE A. CAUMIANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 S. Virginia Avenue

City Belleville State IL Zip Code 62220

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1003.92**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.284660**

Amount of Each Receipt this Period **83.66**

**SUBTOTAL** of Receipts This Page (optional)..... **240.48**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 1358
	<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. MARK E CAVANAH**  
Full Name (Last, First, Middle Initial)

Mailing Address 243 Iroquois Drive

City Paducah State KY Zip Code 42001

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

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1082.26**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281565**

Amount of Each Receipt this Period  
**50.04**

**B. MARK E CAVANAH**  
Full Name (Last, First, Middle Initial)

Mailing Address 243 Iroquois Drive

City Paducah State KY Zip Code 42001

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

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1132.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281759**

Amount of Each Receipt this Period  
**50.04**

**C. MARK E CAVANAH**  
Full Name (Last, First, Middle Initial)

Mailing Address 243 Iroquois Drive

City Paducah State KY Zip Code 42001

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

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1182.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.281951**

Amount of Each Receipt this Period  
**50.04**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.12</b>
<b>TOTAL</b> This Period (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 218 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. ANN-MARIE CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12728 28th Avenue NE  
 City Seattle State WA Zip Code 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.48

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284071**  
 Amount of Each Receipt this Period  
 41.68

**B. ANN-MARIE CAVANAUGH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12728 28th Avenue NE  
 City Seattle State WA Zip Code 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.16

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284120**  
 Amount of Each Receipt this Period  
 41.68

**C. PAUL E. CENZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287341**  
 Amount of Each Receipt this Period  
 8.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	91.36
<b>TOTAL</b> This Period (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 219 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM CHAI</b>		Date of Receipt
Mailing Address 888 Mililani Street Suite 601		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Honolulu	HI	96813-2991
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285028</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
AFSCME HI LOC 152	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="297.00"/>	

Full Name (Last, First, Middle Initial) <b>B. STACY CHAMBERLAIN</b>		Date of Receipt
Mailing Address 5235 NE 23rd Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97211
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285093</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

Full Name (Last, First, Middle Initial) <b>C. STACY CHAMBERLAIN</b>		Date of Receipt
Mailing Address 5235 NE 23rd Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97211
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285115</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> 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 220 OF 1358
	<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. RICHARD CHAMPAGNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285626**

Amount of Each Receipt this Period  
10.00

**B. RICHARD CHAMPAGNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285904**

Amount of Each Receipt this Period  
10.00

**C. ERNESTINE CHAPMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 Penn Avenue

City Mansfield State OH Zip Code 44903

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283651**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00

**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 221 OF 1358
	<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. ERNESTINE CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 146 Penn Avenue

City Mansfield	State OH	Zip Code 44903
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.284014**

Amount of Each Receipt this Period  
15.00

**B. LINDA D. CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2576 Renwood Place

City Columbus	State OH	Zip Code 43211
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2012

**Transaction ID : SA11AI.282303**

Amount of Each Receipt this Period  
12.50

**C. LINDA D. CHAPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2576 Renwood Place

City Columbus	State OH	Zip Code 43211
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
337.50

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		24		2012

**Transaction ID : SA11AI.282334**

Amount of Each Receipt this Period  
12.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 1358
	<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. MATTHEW D. CHAVARRIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 FAMOSO PLAZA  
 City UNION CITY State CA Zip Code 94587  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 07 / 2012**  
**Transaction ID : SA11AI.287673**  
 Amount of Each Receipt this Period **200.00**

**B. JEANETTE CHAVEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 I Street SE Apt. 617  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **950.78**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281566**  
 Amount of Each Receipt this Period **39.05**

**C. JEANETTE CHAVEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 I Street SE Apt. 617  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **989.83**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281760**  
 Amount of Each Receipt this Period **39.05**

**SUBTOTAL** of Receipts This Page (optional)..... **98.10**  
**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 223 OF 1358
	<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. JEANETTE CHAVEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 70 I Street SE  
 Apt. 617  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1028.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**  
**Transaction ID : SA11AI.281952**  
 Amount of Each Receipt this Period  
**39.05**

**B. KARL E. CHILDRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 E Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1193.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**  
**Transaction ID : SA11AI.281567**  
 Amount of Each Receipt this Period  
**49.74**

**C. KARL E. CHILDRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 E Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1243.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**  
**Transaction ID : SA11AI.281761**  
 Amount of Each Receipt this Period  
**49.74**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>138.53</b>
<b>TOTAL</b> This Period (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 224 OF 1358
	<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. KARL E. CHILDRESS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 E Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MANAGER, APPLICATIONS DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1293.47**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.281953**  
 Amount of Each Receipt this Period **49.74**

**B. ALBERT CHIUCARELLO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **216.00**

Date of Receipt **12 / 13 / 2012**  
**Transaction ID : SA11AI.287376**  
 Amount of Each Receipt this Period **24.00**

**C. NICHELLE CHIVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4301 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **771.64**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : SA11AI.282629**  
 Amount of Each Receipt this Period **109.74**

**SUBTOTAL** of Receipts This Page (optional)..... **183.48**  
**TOTAL** This Period (last page this line number only).....



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MONA K O CHOCK</b>			Date of Receipt
Mailing Address 2392 Kaola Way			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285030</b>
Honolulu	HI	96813	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JUDY K CHOW</b>			Date of Receipt
Mailing Address 888 Mililani Street Suite 601			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285031</b>
Honolulu	HI	96813-2991	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SANFORD CHUN</b>			Date of Receipt
Mailing Address 98-1664 Hapaki Street			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285033</b>
Aiea	HI	96701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 226 OF 1358
	<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. NICK CIARAMITARO**  
Full Name (Last, First, Middle Initial)

Mailing Address 19473 Candlelight Street

City Roseville State MI Zip Code 48066

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **578.62**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284229**

Amount of Each Receipt this Period  
**2.25**

**B. NICK CIARAMITARO**  
Full Name (Last, First, Middle Initial)

Mailing Address 19473 Candlelight Street

City Roseville State MI Zip Code 48066

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **580.87**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284278**

Amount of Each Receipt this Period  
**2.25**

**C. MARTINA A. CIPOLLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 9633 NW St. Helens Road

City Portland State OR Zip Code 97231

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ENGINEERING TECH II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285326**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>24.50</b>
<b>TOTAL</b> This Period (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 227 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL CLADWELL</b>			Date of Receipt		
Mailing Address P.O. Box 628043			M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2012		
City State Zip Code Middleton WI 53562			<b>Transaction ID : SA11AI.284943</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 15.00		
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 345.00			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL CLADWELL</b>			Date of Receipt		
Mailing Address P.O. Box 628043			M M M / D D D / Y Y Y Y Y Y 12 / 17 / 2012		
City State Zip Code Middleton WI 53562			<b>Transaction ID : SA11AI.284944</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 15.00		
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00			

Full Name (Last, First, Middle Initial) <b>C. MICHAEL CLADWELL</b>			Date of Receipt		
Mailing Address P.O. Box 628043			M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012		
City State Zip Code Middleton WI 53562			<b>Transaction ID : SA11AI.284945</b>		
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 15.00		
Name of Employer AFSCME WI CN 24/STATE OF WI		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (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 228 OF 1358
	<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. CHRISTOPHER T. CLARIZIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5725 Renner Road  
 City Columbus State OH Zip Code 43228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/HILLIARD CSD Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.40**

Date of Receipt **12 / 20 / 2012**  
**Transaction ID : SA11AI.282402**  
 Amount of Each Receipt this Period **208.40**

**B. ALLISON J. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 824 WINDSOR AVE., APT. A  
 City HARTFORD State CT Zip Code 06095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.00**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.287406**  
 Amount of Each Receipt this Period **8.00**

**C. CARLA S. CLARK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286504**  
 Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **68.84**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 1358
	<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. CARLA S. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2012

**Transaction ID : SA11AI.286374**

Amount of Each Receipt this Period  

60.00
-------

**B. CAROLYN CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4415 Rolling Pine

City West Bloomfield	State MI	Zip Code 48324
-------------------------	-------------	-------------------

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

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		06		2012

**Transaction ID : SA11AI.284230**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 4415 Rolling Pine

City West Bloomfield	State MI	Zip Code 48324
-------------------------	-------------	-------------------

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

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		19		2012

**Transaction ID : SA11AI.284279**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 230 OF 1358
	<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. CHARLES E. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 Alamosa Path SW

City Atlanta State GA Zip Code 30349

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.89

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281569**

Amount of Each Receipt this Period 36.27

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

Mailing Address 240 Alamosa Path SW

City Atlanta State GA Zip Code 30349

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.16

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281763**

Amount of Each Receipt this Period 36.27

**C. CHARLES E. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 Alamosa Path SW

City Atlanta State GA Zip Code 30349

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.43

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.281955**

Amount of Each Receipt this Period 36.27

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.81

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DELYNN A. CLARK</b>		Date of Receipt
Mailing Address 451 SW Primrose Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Portland OR 97219		<b>Transaction ID : SA11AI.285147</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENGINEERING TECH II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DELYNN A. CLARK</b>		Date of Receipt
Mailing Address 451 SW Primrose Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Portland OR 97219		<b>Transaction ID : SA11AI.285254</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation ENGINEERING TECH II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DOROTHEA CLARK</b>		Date of Receipt
Mailing Address 360 Brotzman Road		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Binghamton NY 13901		<b>Transaction ID : SA11AI.286247</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="64.20"/>
Name of Employer AFSCME NY LOC 1000	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="401.25"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.20"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 232 OF 1358
<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. DOROTHEA CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Brotzman Road

City Binghamton State NY Zip Code 13901

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

Name of Employer AFSCME NY LOC 1000 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **417.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.286259**

Amount of Each Receipt this Period  
**16.05**

**B. DOROTHEA CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Brotzman Road

City Binghamton State NY Zip Code 13901

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

Name of Employer AFSCME NY LOC 1000 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **433.35**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 13 / 2012**

**Transaction ID : SA11AI.286271**

Amount of Each Receipt this Period  
**16.05**

**C. DOROTHEA CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 360 Brotzman Road

City Binghamton State NY Zip Code 13901

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

Name of Employer AFSCME NY LOC 1000 Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **449.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.286283**

Amount of Each Receipt this Period  
**16.05**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>48.15</b>
<b>TOTAL</b> This Period (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 233 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. FLOYD D. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7219 E 900th Avenue

City Robinson	State IL	Zip Code 62454
------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SUPERVISOR
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **323.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285356**

Amount of Each Receipt this Period  

29.40
-------

**B. FLOYD D. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7219 E 900th Avenue

City Robinson	State IL	Zip Code 62454
------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SUPERVISOR
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **352.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285478**

Amount of Each Receipt this Period  

29.40
-------

**C. JACKIE E. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 12135 Middlefork Road

City Amanda	State OH	Zip Code 43102
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WAGE/HOUR ANALYST
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282986**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>68.80</b>
<b>TOTAL</b> This Period (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 234 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JACKIE E. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 12135 Middlefork Road

City Amanda	State OH	Zip Code 43102
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WAGE/HOUR ANALYST
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283354**

Amount of Each Receipt this Period  

10.00
-------

**B. JACKIE E. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 12135 Middlefork Road

City Amanda	State OH	Zip Code 43102
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WAGE/HOUR ANALYST
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283717**

Amount of Each Receipt this Period  

10.00
-------

**C. MATRELLE C. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 Long Street

City Cambridge	State OH	Zip Code 43725
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282987**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (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 235 OF 1358
	<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. MATRELLE C. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 Long Street

City Cambridge	State OH	Zip Code 43725
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283355**

Amount of Each Receipt this Period  
10.00

**B. MATRELLE C. CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 Long Street

City Cambridge	State OH	Zip Code 43725
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283718**

Amount of Each Receipt this Period  
10.00

**C. SHANE CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5296 Autumnwood Drive

City Cochranton	State PA	Zip Code 16314
--------------------	-------------	-------------------

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

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282630**

Amount of Each Receipt this Period  
41.72

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.72
<b>TOTAL</b> This Period (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 236 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DEFRANCE CLARKE</b>			Date of Receipt
Mailing Address 5550 78th Avenue NW			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285906</b>
Olympia	WA	98502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BRADLEE T. CLAYCAMP</b>			Date of Receipt
Mailing Address 2201 NE 86th Ave.			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285629</b>
Vancouver	WA	98664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRADLEE T. CLAYCAMP</b>			Date of Receipt
Mailing Address 2201 NE 86th Ave.			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285907</b>
Vancouver	WA	98664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 237 OF 1358
	<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. KRISTINA A. CLAYPOOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1921 Dial Court  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285357**  
 Amount of Each Receipt this Period  
 30.00

**B. KRISTINA A. CLAYPOOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1921 Dial Court  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285479**  
 Amount of Each Receipt this Period  
 30.00

**C. PAULINE CLAYTON-ROSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2340 Ashurst Road  
 City University Heights State OH Zip Code 44118  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282149**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.24  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAULINE CLAYTON-ROSE</b>		Date of Receipt
Mailing Address 2340 Ashurst Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
University Heights	OH	44118
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282204</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD SECRETARY	<input type="text" value="9.62"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.50"/>	

Full Name (Last, First, Middle Initial) <b>B. PAULINE CLAYTON-ROSE</b>		Date of Receipt
Mailing Address 2340 Ashurst Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
University Heights	OH	44118
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282260</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4	FIELD SECRETARY	<input type="text" value="9.62"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.12"/>	

Full Name (Last, First, Middle Initial) <b>C. RUSSELL J. CLEMENS</b>		Date of Receipt
Mailing Address 116 Cranburne Lane		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Willamsville	NY	14221
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284432</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MD CN 982	STAFF REPRESENTATIVE	<input type="text" value="87.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1049.04"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="106.66"/>
<b>TOTAL</b> 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 239 OF 1358
	<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. VORIE CLEMENTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2419 West 116th Street

City Hawthorne	State CA	Zip Code 90250
-------------------	-------------	-------------------

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

Name of Employer AFSCME CA CN 36/LOCAL 3302	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **677.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286941**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											50.00

**B. VORIE CLEMENTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2419 West 116th Street

City Hawthorne	State CA	Zip Code 90250
-------------------	-------------	-------------------

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

Name of Employer AFSCME CA CN 36/LOCAL 3302	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **697.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

**Transaction ID : SA11AI.286950**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											20.00

**C. THERESA L. CLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 S Boston Street

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283286**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											14.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>84.00</b>
<b>TOTAL</b> This Period (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 240 OF 1358
	<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. THERESA L. CLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 S Boston Street

City Galion State OH Zip Code 44833

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283652**

Amount of Each Receipt this Period  
 14.00

**B. THERESA L. CLICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 603 S Boston Street

City Galion State OH Zip Code 44833

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284015**

Amount of Each Receipt this Period  
 14.00

**C. DONALD L. CLINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 E Hope Place

City Shelton State WA Zip Code 98584

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 752.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285630**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.00
<b>TOTAL</b> This Period (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 241 OF 1358
	<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**

Full Name (Last, First, Middle Initial)  
**A. DONALD L. CLINE**

Mailing Address 21 E Hope Place

City Shelton State WA Zip Code 98584

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **782.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.285908**

Amount of Each Receipt this Period **30.00**

Full Name (Last, First, Middle Initial)  
**B. SHANE CLONTZ**

Mailing Address P.O. Box #8461

City Springfield State IL Zip Code 62791

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **289.80**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285358**

Amount of Each Receipt this Period **25.20**

Full Name (Last, First, Middle Initial)  
**C. SHANE CLONTZ**

Mailing Address P.O. Box #8461

City Springfield State IL Zip Code 62791

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285480**

Amount of Each Receipt this Period **25.20**

**SUBTOTAL** of Receipts This Page (optional)..... **80.40**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 242 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. BRETT L. CLUBBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4135 Cooper Point Road NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/WA STATE UNIV Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286151**  
 Amount of Each Receipt this Period  
 51.00

**B. BRETT L. CLUBBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4135 Cooper Point Road NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/WA STATE UNIV Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 323.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286153**  
 Amount of Each Receipt this Period  
 17.00

**C. BRETT L. CLUBBE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4135 Cooper Point Road NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/WA STATE UNIV Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286154**  
 Amount of Each Receipt this Period  
 17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (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 243 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KATHERINE A. COAKLEY</b>		Date of Receipt
Mailing Address 410 S. Maple Avenue #604		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Falls Church	VA	20046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281570</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AFFILIATE COMMUNICATION MANAGER	<input type="text" value="45.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1007.10"/>	

Full Name (Last, First, Middle Initial) <b>B. KATHERINE A. COAKLEY</b>		Date of Receipt
Mailing Address 410 S. Maple Avenue #604		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Falls Church	VA	20046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281764</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AFFILIATE COMMUNICATION MANAGER	<input type="text" value="45.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1052.49"/>	

Full Name (Last, First, Middle Initial) <b>C. KATHERINE A. COAKLEY</b>		Date of Receipt
Mailing Address 410 S. Maple Avenue #604		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Falls Church	VA	20046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281956</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AFFILIATE COMMUNICATION MANAGER	<input type="text" value="45.39"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1097.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="136.17"/>
<b>TOTAL</b> 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 244 OF 1358
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. VICKIE B. COBBINA</b>		Date of Receipt
Mailing Address 3048 Stonebluff Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43232
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.283720
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	<input type="text" value="8.00"/>

Full Name (Last, First, Middle Initial) <b>B. THOMAS B. COCHRANE</b>		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.282893
AFSCME OH LOC 11	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	<input type="text" value="27.00"/>

Full Name (Last, First, Middle Initial) <b>C. SHARI L. COFFMAN</b>		Date of Receipt
Mailing Address P.O. Box 185		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Four Lakes	WA	99014
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : SA11AI.284073
AFSCME WA CN 28	ADMINISTRATIVE ASSISTANT	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	<input type="text" value="20.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
<b>TOTAL</b> 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 245 OF 1358
<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. SHARI L. COFFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 185

City Four Lakes State WA Zip Code 99014

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

Name of Employer AFSCME WA CN 28 Occupation ADMINISTRATIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.284122**

Amount of Each Receipt this Period  
**200.00**

**B. LINCOLN COHEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4500 E. 6th Street

City Gary State IN Zip Code 46403

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

Name of Employer AFSCME IL CN 31 Occupation EDITOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **842.54**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2012**

**Transaction ID : SA11AI.284842**

Amount of Each Receipt this Period  
**76.54**

**C. FRED W. COKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Literal Road

City Chehalis State WA Zip Code 98532

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.285631**

Amount of Each Receipt this Period  
**10.50**

**SUBTOTAL** of Receipts This Page (optional)..... **107.04**

**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: (check only one)	PAGE 246 OF 1358
	<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. FRED W. COKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 Literal Road

City Chehalis State WA Zip Code 98532

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.285909

Amount of Each Receipt this Period  
10.50

**B. AARON J. COLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Brighton Way SE

City Olympia State WA Zip Code 98501

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 671.89

Date of Receipt  
11 / 29 / 2012  
Transaction ID : SA11AI.281571

Amount of Each Receipt this Period  
31.22

**C. AARON J. COLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 Brighton Way SE

City Olympia State WA Zip Code 98501

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 703.11

Date of Receipt  
12 / 11 / 2012  
Transaction ID : SA11AI.281765

Amount of Each Receipt this Period  
31.22

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.94

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. AARON J. COLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281957</b>
Mailing Address 1520 Brighton Way SE			Amount of Each Receipt this Period 31.22
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 734.33
Name of Employer AFSCME INT'L		Occupation INT'L UNION REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOSHUA B. COLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.286505</b>
Mailing Address 5603 Mayfair Street SW			Amount of Each Receipt this Period 41.64
City Cedar Rapids	State IA	Zip Code 52404	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 218.61
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOSHUA B. COLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286375</b>
Mailing Address 5603 Mayfair Street SW			Amount of Each Receipt this Period 10.41
City Cedar Rapids	State IA	Zip Code 52404	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 229.02
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.27
<b>TOTAL</b> This Period (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 248 OF 1358
<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. KENTON C. COLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 882

City Lomax State IA Zip Code 61454

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

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **905.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284386**

Amount of Each Receipt this Period  
**80.00**

**B. RENE COLLAZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285632**

Amount of Each Receipt this Period  
**10.50**

**C. RENE COLLAZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285910**

Amount of Each Receipt this Period  
**10.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **101.00**

**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 249 OF 1358
	<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	<input type="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. RAMONA COLLINS-SALIM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 741 Belmont Avenue

City Toledo	State OH	Zip Code 43604
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282991**

Amount of Each Receipt this Period  

11.00
-------

**B. RAMONA COLLINS-SALIM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 741 Belmont Avenue

City Toledo	State OH	Zip Code 43604
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283359**

Amount of Each Receipt this Period  

11.00
-------

**C. RAMONA COLLINS-SALIM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 741 Belmont Avenue

City Toledo	State OH	Zip Code 43604
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283722**

Amount of Each Receipt this Period  

11.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.00
<b>TOTAL</b> This Period (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 250 OF 1358
<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. KATHERINE COLVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3198 W 54th Street

City Cleveland	State OH	Zip Code 44102
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282992**

Amount of Each Receipt this Period  

11.00
-------

**B. KATHERINE COLVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3198 W 54th Street

City Cleveland	State OH	Zip Code 44102
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283360**

Amount of Each Receipt this Period  

11.00
-------

**C. KATHERINE COLVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 3198 W 54th Street

City Cleveland	State OH	Zip Code 44102
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283723**

Amount of Each Receipt this Period  

11.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.00
<b>TOTAL</b> This Period (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 251 OF 1358
<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. TRACEY CONATY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Quebec Street NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, NEW MEDIA
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281572**

Amount of Each Receipt this Period  
52.50

**B. TRACEY CONATY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Quebec Street NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, NEW MEDIA
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1267.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281766**

Amount of Each Receipt this Period  
52.50

**C. TRACEY CONATY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3525 Quebec Street NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, NEW MEDIA
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.281958**

Amount of Each Receipt this Period  
52.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	157.50
<b>TOTAL</b> This Period (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 252 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFFERY A. CONDO</b>		Date of Receipt
Mailing Address 59 N Kenwood Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Georgetown OH 45121		<b>Transaction ID : SA11AI.283724</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. AMY CONKLIN</b>		Date of Receipt
Mailing Address 1212 Jefferson Street SE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Olympia WA 98501		<b>Transaction ID : SA11AI.285634</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="296.00"/>	

Full Name (Last, First, Middle Initial) <b>C. AMY CONKLIN</b>		Date of Receipt
Mailing Address 1212 Jefferson Street SE		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Olympia WA 98501		<b>Transaction ID : SA11AI.285912</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="311.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 253 OF 1358
	<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. DONALD W. CONLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2695 Schaff Drive

City Columbus State OH Zip Code 43209

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

Name of Employer AFSCME OH LOC 11 Occupation OPERATIONS DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282895**

Amount of Each Receipt this Period  
 66.00

**B. HILARY L. CONLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3443 Pine Way

City Powell State OH Zip Code 43065

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284330**

Amount of Each Receipt this Period  
 44.18

**C. LISA G. CONLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5723 Benzler Road

City Prospect State OH Zip Code 43342

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283362**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.18

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

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

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

FOR LINE NUMBER: PAGE 254 OF 1358  
(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. LISA G. CONLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5723 Benzler Road  
 City Prospect State OH Zip Code 43342  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283725**  
 Amount of Each Receipt this Period 100.00

**B. THOMAS R. CONNELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1364 Clinton Street  
 City Niles State OH Zip Code 44446  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.84

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284331**  
 Amount of Each Receipt this Period 9.50

**C. ALBERTA K. CONRAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.22

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286506**  
 Amount of Each Receipt this Period 59.28

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.78  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 1358
	<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. ALBERTA K. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286376**

Amount of Each Receipt this Period  

14.82
-------

**B. BELINDA D. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Pebble Court

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/SYLVANIA	Occupation TEACHER AIDE
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.56**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282405**

Amount of Each Receipt this Period  

19.24
-------

**C. BELINDA D. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Pebble Court

City Maumee	State OH	Zip Code 43537
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/SYLVANIA	Occupation TEACHER AIDE
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **424.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282406**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>53.30</b>
<b>TOTAL</b> This Period (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 256 OF 1358
	<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. BELINDA D. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Pebble Court

City Maumee State OH Zip Code 43537

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

Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.04

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282407**

Amount of Each Receipt this Period 19.24

**B. MELODY K. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Basil Western Road

City Baltimore State OH Zip Code 43015

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION TECHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282995**

Amount of Each Receipt this Period 12.00

**C. MELODY K. CONRAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Basil Western Road

City Baltimore State OH Zip Code 43015

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRANSPORTATION TECHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283363**

Amount of Each Receipt this Period 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43.24

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 257 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. MELODY K. CONRAD</b>		Date of Receipt
Mailing Address 4020 Basil Western Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	OH	43015
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283726</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	TRANSPORTATION TECHN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="312.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BEVERLY S. CONTEE</b>		Date of Receipt
Mailing Address 12061 Beltsville Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Beltsville	MD	20705
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281573</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME INT'L	LEGAL ASSISTANT II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. BEVERLY S. CONTEE</b>		Date of Receipt
Mailing Address 12061 Beltsville Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Beltsville	MD	20705
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281767</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME INT'L	LEGAL ASSISTANT II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="32.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 258 OF 1358
	<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. BEVERLY S. CONTEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12061 Beltsville Drive

City Beltsville State MD Zip Code 20705

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

Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281959**

Amount of Each Receipt this Period  
 10.00

**B. WENDY R. CONWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285635**

Amount of Each Receipt this Period  
 20.00

**C. WENDY R. CONWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285913**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 1358
	<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. PATRICIA L. COOPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286507**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								3	8

**38.48**

**B. PATRICIA L. COOPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286377**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								9	6

**9.62**

**C. MAL J. COREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3416 Frankfort Clarksburg Pike

City Frankfort	State OH	Zip Code 45628
-------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282997**

Amount of Each Receipt this Period  

6	5	4	3	2	1	0	.	0	0
								1	2

**12.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.10</b>
<b>TOTAL</b> This Period (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 260 OF 1358
	<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	<input type="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. MAL J. COREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3416 Frankfort Clarksburg Pike

City	State	Zip Code
Frankfort	OH	45628

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

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283365**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1
							12.00

**B. MAL J. COREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3416 Frankfort Clarksburg Pike

City	State	Zip Code
Frankfort	OH	45628

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

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283728**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1
							12.00

**C. SHARON M. CORKIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4106 Terrace Street #5

City	State	Zip Code
Oakland	CA	94611

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

Name of Employer	Occupation
AFSCME CA CN 57/EAST BAY PARKS	MAINTENANCE WORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287675**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1
							60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>84.00</b>
<b>TOTAL</b> This Period (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 261 OF 1358  
(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. SHARON M. CORKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4106 Terrace Street #5  
 City Oakland State CA Zip Code 94611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57/EAST BAY PARKS Occupation MAINTENANCE WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 07 / 2012  
**Transaction ID : SA11AI.287674**  
 Amount of Each Receipt this Period 40.00

**B. SYLVIA Y. COSLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 N 2nd Street  
 City Harrisburg State PA Zip Code 17102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282739**  
 Amount of Each Receipt this Period 50.00

**C. SYLVIA Y. COSLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1931 N 2nd Street  
 City Harrisburg State PA Zip Code 17102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282818**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 1358
	<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. BARBARA COUFAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10112 Parkwood Drive

City Bethesda State MD Zip Code 20814

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1427.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281574**

Amount of Each Receipt this Period 52.50

**B. BARBARA COUFAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10112 Parkwood Drive

City Bethesda State MD Zip Code 20814

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.50

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281768**

Amount of Each Receipt this Period 52.50

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

Mailing Address 10112 Parkwood Drive

City Bethesda State MD Zip Code 20814

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

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, FED GOVT AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1532.00

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.281960**

Amount of Each Receipt this Period 52.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 157.50

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 263 OF 1358
	<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. PATRICIA A. COULTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 27702 NE 73rd Avenue

City Battle Ground	State WA	Zip Code 98604
-----------------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285638**

Amount of Each Receipt this Period  

20.00
-------

**B. PATRICIA A. COULTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 27702 NE 73rd Avenue

City Battle Ground	State WA	Zip Code 98604
-----------------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285916**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 47 Douglas Street

City Saint Paul	State MN	Zip Code 55102
--------------------	-------------	-------------------

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

Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **853.68**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284465**

Amount of Each Receipt this Period  

71.14
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>111.14</b>
<b>TOTAL</b> This Period (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 264 OF 1358  
(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. CLAIRE V. COWLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 Melrose Avenue  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282998**  
 Amount of Each Receipt this Period  
 10.00

**B. CLAIRE V. COWLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 Melrose Avenue  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283366**  
 Amount of Each Receipt this Period  
 10.00

**C. CLAIRE V. COWLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 Melrose Avenue  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283729**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 265 OF 1358
<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. WAYNE D. COWLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 15820 NE 15th Street

City Vancouver State WA Zip Code 98684

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285918**

Amount of Each Receipt this Period 100.00

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

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

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

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.284433**

Amount of Each Receipt this Period 45.00

**C. DAVID M. CRAMBLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 8302 NE 158th Avenue

City Vancouver State WA Zip Code 98682

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation SECURITY GUARD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285150**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 266 OF 1358
	<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. DAVID M. CRAMBLETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8302 NE 158th Avenue  
 City Vancouver State WA Zip Code 98682  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation SECURITY GUARD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285257**  
 Amount of Each Receipt this Period  
 20.00

**B. JESSICA M. CRINEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Chicago Avenue Apt. 8  
 City Yakima State WA Zip Code 98902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285641**  
 Amount of Each Receipt this Period  
 10.00

**C. JESSICA M. CRINEAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Chicago Avenue Apt. 8  
 City Yakima State WA Zip Code 98902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285919**  
 Amount of Each Receipt this Period  
 10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 267 OF 1358
	<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. KEMIE P. CRISP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1613 E Capitol Avenue

City Springfield State IL Zip Code 62703

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.12

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285359**

Amount of Each Receipt this Period 20.88

**B. KEMIE P. CRISP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1613 E Capitol Avenue

City Springfield State IL Zip Code 62703

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285481**

Amount of Each Receipt this Period 20.88

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

Mailing Address 238 S. Oak Park Avenue #1F

City Oak Park State IL Zip Code 60302

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 747.22

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284843**

Amount of Each Receipt this Period 69.76

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.52

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

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

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

FOR LINE NUMBER: PAGE 268 OF 1358  
(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. DICK CROFTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 238 S. Oak Park Avenue #1F  
 City Oak Park State IL Zip Code 60302  
 Date of Receipt: 12 / 28 / 2012  
**Transaction ID : SA11AI.284661**  
 Amount of Each Receipt this Period: 69.76  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: AFSCME IL CN 31 Occupation: STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 816.98

**B. AL CROMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 862316  
 City Los Angeles State CA Zip Code 90086  
 Date of Receipt: 11 / 27 / 2012  
**Transaction ID : SA11AI.286942**  
 Amount of Each Receipt this Period: 30.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: AFSCME CA CN 36/PTSC Occupation: STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 330.00

**C. AL CROMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 862316  
 City Los Angeles State CA Zip Code 90086  
 Date of Receipt: 11 / 28 / 2012  
**Transaction ID : SA11AI.286951**  
 Amount of Each Receipt this Period: 20.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: AFSCME CA CN 36/PTSC Occupation: STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date: 350.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 119.76  
**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 269 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. HAZEL CROMWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285642**

Amount of Each Receipt this Period  
 9.50

**B. HAZEL CROMWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285920**

Amount of Each Receipt this Period  
 9.50

**C. CARLOS CROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
669.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284232**

Amount of Each Receipt this Period  
 29.12

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.12
<b>TOTAL</b> This Period (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 270 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CARLOS CROSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2012**

**Transaction ID : SA11AI.284281**

Amount of Each Receipt this Period  
**29.12**

**B. JENNY F. CROUCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Buckley Circle #201

City Inver Grove Hgts. State MN Zip Code 55076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286846**

Amount of Each Receipt this Period  
**160.00**

**C. JENNY F. CROUCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6625 Buckley Circle #201

City Inver Grove Hgts. State MN Zip Code 55076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.286814**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>209.12</b>
<b>TOTAL</b> This Period (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 271 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. ROSA C. CUADRADO</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.287409</b>
Mailing Address 290 ROOSEVELT AVENUE		Amount of Each Receipt this Period 8.00
City STRATFORD	State CT	Zip Code 06615
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>B. JAMES B. CULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281575</b>
Mailing Address 1111 Morningside Avenue		Amount of Each Receipt this Period 46.26
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1047.72	

Full Name (Last, First, Middle Initial) <b>C. JAMES B. CULLEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281769</b>
Mailing Address 1111 Morningside Avenue		Amount of Each Receipt this Period 53.54
City Schenectady	State NY	Zip Code 12309
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1101.26	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	107.80
<b>TOTAL</b> This Period (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 272 OF 1358
	<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. JAMES B. CULLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1111 Morningside Avenue

City Schenectady State NY Zip Code 12309

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1151.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281961**

Amount of Each Receipt this Period  
 49.74

**B. GLENDA CUMMINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285643**

Amount of Each Receipt this Period  
 10.50

**C. GLENDA CUMMINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285921**

Amount of Each Receipt this Period  
 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.74

**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: (check only one)	PAGE 273 OF 1358
	<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. DEBORAH CURRIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City	State	Zip Code
Harrisburg	PA	17111

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

Name of Employer	Occupation
AFSCME PA CN 13	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **794.05**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282631**

Amount of Each Receipt this Period  

93.84
-------

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

Mailing Address 2979 Tracer Road

City	State	Zip Code
Columbus	OH	43232

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

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	PROGRAMMER/ANALYST II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283001**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 2979 Tracer Road

City	State	Zip Code
Columbus	OH	43232

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

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	PROGRAMMER/ANALYST II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283369**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>113.84</b>
<b>TOTAL</b> This Period (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 274 OF 1358
	<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. MICHAEL S. CURRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2979 Tracer Road

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST II
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283732**

Amount of Each Receipt this Period  

10.00
-------

**B. DOUGLAS H. CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address N5326 Rice Lane

City Gleason	State WI	Zip Code 54435
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.284946**

Amount of Each Receipt this Period  

10.00
-------

**C. DOUGLAS H. CURTIS**  
Full Name (Last, First, Middle Initial)

Mailing Address N5326 Rice Lane

City Gleason	State WI	Zip Code 54435
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.284947**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 275 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS H. CURTIS</b>			Date of Receipt
Mailing Address N5326 Rice Lane			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284948</b>
Gleason	WI	54435	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SANDRA J CURTIS</b>			Date of Receipt
Mailing Address 23243 Gateway Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284466</b>
Akeley	MN	56433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TYRONE CUTKOMP</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284387</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="18.36"/>
Name of Employer	Occupation		
AFSCME IA CN 61	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.32"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="58.36"/>
<b>TOTAL</b> 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 276 OF 1358
	<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. TAMMI F. CUYLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 53 SCOTT DRIVE

City BLOOMFIELD State CT Zip Code 06002

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

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.287412**

Amount of Each Receipt this Period  
 8.00

**B. JIM A. DAHLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 66983 403rd Avenue

City Goodhue State MN Zip Code 55027

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

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 591.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.284517**

Amount of Each Receipt this Period  
 70.86

**C. JEFFREY DAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1743 Carl Street

City Roseville State MN Zip Code 55113

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 648.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.284467**

Amount of Each Receipt this Period  
 54.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.86
<b>TOTAL</b> This Period (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 277 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CATHERINE DALTON</b>			Date of Receipt
Mailing Address 252 COW HILL RD			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287415</b>
CLINTON	CT	06413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="201.60"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CATHERINE DALTON</b>			Date of Receipt
Mailing Address 252 COW HILL RD			<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287416</b>
CLINTON	CT	06413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CATHERINE DALTON</b>			Date of Receipt
Mailing Address 252 COW HILL RD			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287417</b>
CLINTON	CT	06413	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.40"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="25.20"/>
<b>TOTAL</b> 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 278 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM DANDO</b>			Date of Receipt
Mailing Address 6630 Huntingdon Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282632</b>
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="294.54"/>
Name of Employer	Occupation		
AFSCME PA CN 13	ASSOCIATE LEGISLATIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2149.33"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT P. DANIELS</b>			Date of Receipt
Mailing Address 2031 Minto Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287677</b>
San Jose	CA	95132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.40"/>
Name of Employer	Occupation		
AFSCME CA CN 57/SANTA CLARA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROBERT P. DANIELS</b>			Date of Receipt
Mailing Address 2031 Minto Avenue			<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287676</b>
San Jose	CA	95132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="16.70"/>
Name of Employer	Occupation		
AFSCME CA CN 57/SANTA CLARA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="217.10"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="511.64"/>
<b>TOTAL</b> 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 279 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LINDA DANIELSON</b>			Date of Receipt
Mailing Address 2132 E DAYTON ST			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City MADISON	State WI	Zip Code 53704	<b>Transaction ID : SA11AI.287586</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>B. LINDA DANIELSON</b>			Date of Receipt
Mailing Address 2132 E DAYTON ST			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City MADISON	State WI	Zip Code 53704	<b>Transaction ID : SA11AI.287582</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. LINDA DANIELSON</b>			Date of Receipt
Mailing Address 2132 E DAYTON ST			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City MADISON	State WI	Zip Code 53704	<b>Transaction ID : SA11AI.287585</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 280 OF 1358
	<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. SAMANTHA DANIELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282633**

Amount of Each Receipt this Period  
 35.00

**B. MARGARET A DANISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Heritage Place

City Ballston Spa State NY Zip Code 12020

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

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281576**

Amount of Each Receipt this Period  
 15.00

**C. MARGARET A DANISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Heritage Place

City Ballston Spa State NY Zip Code 12020

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

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281770**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 281 OF 1358
	(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"/> 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. MARGARET A DANISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Heritage Place

City State Zip Code  
Ballston Spa NY 12020

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

Name of Employer Occupation  
AFSCME INT'L FIELD OFFICE ASSISTANT II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.281962**

Amount of Each Receipt this Period  
15.00

**B. JAMES D. DANNEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 12747 Renton Avenue S

City State Zip Code  
Seattle WA 98178

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

Name of Employer Occupation  
AFSCME WA CN 28 COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
462.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284074**

Amount of Each Receipt this Period  
42.00

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

Mailing Address 12747 Renton Avenue S

City State Zip Code  
Seattle WA 98178

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

Name of Employer Occupation  
AFSCME WA CN 28 COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284123**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 99.00

**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 282 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. SEAN DANNEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284075</b>
Mailing Address P.O. Box 7472			Amount of Each Receipt this Period 44.00
City Tacoma	State WA	Zip Code 98417	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 484.00		

Full Name (Last, First, Middle Initial) <b>B. SEAN DANNEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284124</b>
Mailing Address P.O. Box 7472			Amount of Each Receipt this Period 44.00
City Tacoma	State WA	Zip Code 98417	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 528.00		

Full Name (Last, First, Middle Initial) <b>C. TAWFIK Y DAUD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281577</b>
Mailing Address 13304 Clifton Park Circle			Amount of Each Receipt this Period 47.31
City Clifton	State VA	Zip Code 20124	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation NETWORK ANALYST III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.82		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.31
<b>TOTAL</b> This Period (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 283 OF 1358
	<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. TAWFIK Y DAOUD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13304 Clifton Park Circle

City Clifton State VA Zip Code 20124

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

Name of Employer AFSCME INT'L Occupation NETWORK ANALYST III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1088.13**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281771**

Amount of Each Receipt this Period  
**47.31**

**B. TAWFIK Y DAOUD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13304 Clifton Park Circle

City Clifton State VA Zip Code 20124

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

Name of Employer AFSCME INT'L Occupation NETWORK ANALYST III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1135.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.281963**

Amount of Each Receipt this Period  
**47.31**

**C. JULIE K. DARBY**  
Full Name (Last, First, Middle Initial)

Mailing Address 740 S. Richardson

City Columbus State OH Zip Code 43204

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

Name of Employer AFSCME OH LOC 4/SOUTH-WESTERN Occupation COOK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **234.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.282408**

Amount of Each Receipt this Period  
**31.26**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.88</b>
<b>TOTAL</b> This Period (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 284 OF 1358
<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. ELMER D. DARST**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 Penick Avenue

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283003**

Amount of Each Receipt this Period  
10.00

**B. ELMER D. DARST**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 Penick Avenue

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283371**

Amount of Each Receipt this Period  
10.00

**C. ELMER D. DARST**  
Full Name (Last, First, Middle Initial)

Mailing Address 266 Penick Avenue

City Delaware	State OH	Zip Code 43015
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283734**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 285 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINE DAUGHERTY</b>			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282621</b>
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.83"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.01"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY A. DAVANZO</b>			Date of Receipt
Mailing Address 4901 New Castle Road			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282634</b>
Lowellville	OH	44436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="45.60"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="428.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MATTHEW P. DAVENHALL</b>			Date of Receipt
Mailing Address 7305 213th Place SW Apt. 104			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286191</b>
Edmonds	WA	98026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="11.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/COMM COLLEGE	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.43"/>
<b>TOTAL</b> 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 286 OF 1358  
(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. MATTHEW P. DAVENHALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7305 213th Place SW  
 Apt. 104  
 City Edmonds State WA Zip Code 98026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286178**  
 Amount of Each Receipt this Period  
 11.00

**B. JOE C. DAVENPORT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3825 NE 125th Street  
 City Seattle State WA Zip Code 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/UNIV OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286169**  
 Amount of Each Receipt this Period  
 40.00

**C. NATALYA DAVIDOVICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10143 SE Harold Street  
 City Portland State OR Zip Code 97266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation LEGAL ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285152**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.00  
**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 287 OF 1358  
(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. NATALYA DAVIDOVICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10143 SE Harold Street  
 City Portland State OR Zip Code 97266  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation LEGAL ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285259**  
 Amount of Each Receipt this Period  
 20.00

**B. BERI L. DAVIDSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2451 W. Prospect Avenue  
 City Hood River State OR Zip Code 97031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285153**  
 Amount of Each Receipt this Period  
 25.00

**C. SARA DAVIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 453  
 City Factoryville State PA Zip Code 18419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.43

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282635**  
 Amount of Each Receipt this Period  
 33.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.13  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ABIGAIL K. DAVIS</b>		Date of Receipt
Mailing Address 1806 West Rice Street Apt. 2N		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60622
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284844</b>
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER	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="61.40"/>
	<input type="text" value="712.75"/>	

Full Name (Last, First, Middle Initial) <b>B. ABIGAIL K. DAVIS</b>		Date of Receipt
Mailing Address 1806 West Rice Street Apt. 2N		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60622
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284662</b>
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER	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="61.40"/>
	<input type="text" value="774.15"/>	

Full Name (Last, First, Middle Initial) <b>C. DIANE DAVIS</b>		Date of Receipt
Mailing Address 1208 Gertrude Drive		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Champaign	State IL	Zip Code 61821
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285360</b>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SECRETARY	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="62.55"/>
	<input type="text" value="479.55"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="185.35"/>
<b>TOTAL</b> 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 289 OF 1358
	<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. DIANE DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Gertrude Drive

City Champaign State IL Zip Code 61821

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.40

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285482**

Amount of Each Receipt this Period 20.85

**B. GREGORY N. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 53737 Heineman Road E.

City Edwall State WA Zip Code 99008

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

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 443.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286155**

Amount of Each Receipt this Period 100.00

**C. GREGORY N. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 53737 Heineman Road E.

City Edwall State WA Zip Code 99008

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

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284076**

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.85

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 290 OF 1358
<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. GREGORY N. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 53737 Heineman Road E.

City Edwall	State WA	Zip Code 99008
----------------	-------------	-------------------

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

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **523.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284125**

Amount of Each Receipt this Period  

12	03	2012
40.00		

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

Mailing Address 2536 Cherry Road

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **603.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285361**

Amount of Each Receipt this Period  

12	03	2012
52.50		

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

Mailing Address 2536 Cherry Road

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285483**

Amount of Each Receipt this Period  

12	28	2012
26.25		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>118.75</b>
<b>TOTAL</b> This Period (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 291 OF 1358
	<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. MARK R. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 14724 Armin Avenue

City Lakewood	State OH	Zip Code 44107
------------------	-------------	-------------------

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

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
739.57

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284333**

Amount of Each Receipt this Period  
88.56

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

Mailing Address 8364 Papillon Avenue

City Reynoldsburg	State OH	Zip Code 43068
----------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation INSURANCE COMPLAINT ANALYST
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
236.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283008**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 8364 Papillon Avenue

City Reynoldsburg	State OH	Zip Code 43068
----------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation INSURANCE COMPLAINT ANALYST
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
246.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283376**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.56
<b>TOTAL</b> This Period (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 292 OF 1358
	<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. MICHAEL A. DAVIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8364 Papillon Avenue

City Reynoldsburg State OH Zip Code 43068

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

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation INSURANCE COMPLAINT ANALYST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283739**

Amount of Each Receipt this Period  
 10.00

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

Mailing Address 822 Bovee Lane

City Powell State OH Zip Code 43065

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

Name of Employer AFSCME OH CN 8 Occupation ASSOCIATE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 959.21

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284334**

Amount of Each Receipt this Period  
 87.32

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

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 669.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284233**

Amount of Each Receipt this Period  
 29.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.44

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 293 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. ROBERT DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 N. Washington Avenue  
 City Lansing State MI Zip Code 48906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284282**  
 Amount of Each Receipt this Period  
 29.12

**B. TANYA DAVIS-PRYSOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3451 Penfield Road  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.284031**  
 Amount of Each Receipt this Period  
 9.00

**C. TANYA DAVIS-PRYSOCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3451 Penfield Road  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283010**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.12
<b>TOTAL</b> This Period (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 294 OF 1358
	<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. TANYA DAVIS-PRYSOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3451 Penfield Road

City Columbus	State OH	Zip Code 43227
------------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
265.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283378**

Amount of Each Receipt this Period  
15.00

**B. TANYA DAVIS-PRYSOCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3451 Penfield Road

City Columbus	State OH	Zip Code 43227
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283741**

Amount of Each Receipt this Period  
15.00

**C. SHEILA M. DAWKINS-FLINN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1028 Terrell Drive

City Akron	State OH	Zip Code 44313
---------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 4/UNION LOCAL SD	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282409**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 295 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SHEILA M. DAWKINS-FLINN</b>		Date of Receipt
Mailing Address 1028 Terrell Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Akron	OH	44313
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282410</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/UNION LOCAL SD	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="590.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. DANIEL DAWSON</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285644</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.50"/>
Name of Employer	Occupation	
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DANIEL DAWSON</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Olympia	WA	98501
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285922</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.50"/>
Name of Employer	Occupation	
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="121.00"/>
<b>TOTAL</b> 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 296 OF 1358
	<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. WAYNE DEAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285645**

Amount of Each Receipt this Period  
10.50

**B. WAYNE DEAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285923**

Amount of Each Receipt this Period  
10.50

**C. DAWN R. DEARINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 144th Street E

City Tacoma State WA Zip Code 98445

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

Name of Employer AFSCME WA CN 28 Occupation ASSOCIATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.284077**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.00

**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 297 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. DAWN R. DEARINGER</b>			Date of Receipt
Mailing Address 301 144th Street E			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Tacoma	State WA	Zip Code 98445	<b>Transaction ID : SA11AI.284126</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME WA CN 28	Occupation ASSOCIATE		<input type="text" value="240.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B. PRESTON DEBOER</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Des Moines	State IA	Zip Code 50313	<b>Transaction ID : SA11AI.284388</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.84"/>
Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE		<input type="text" value="250.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C. ALBERT J. DEBOO</b>			Date of Receipt
Mailing Address 1204 Laura Lane			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Marion	State IL	Zip Code 62959	<b>Transaction ID : SA11AI.285363</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CHILD WELFARE TECH		<input type="text" value="230.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.84"/>
<b>TOTAL</b> 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 298 OF 1358
	<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**

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

Mailing Address 1204 Laura Lane

City Marion State IL Zip Code 62959

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.285485**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. KENNETH DEITZ**

Mailing Address 9505 Date Street

City Fontana State CA Zip Code 92335

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

Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.287055**

Amount of Each Receipt this Period  
**110.00**

Full Name (Last, First, Middle Initial)  
**C. KENNETH DEITZ**

Mailing Address 9505 Date Street

City Fontana State CA Zip Code 92335

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

Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **470.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.287143**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **140.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 1358
	<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. KENNETH DEITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 9505 Date Street

City Fontana State CA Zip Code 92335

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

Name of Employer AFSCME CA LOC 1199 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 14 / 2012**

**Transaction ID : SA11AI.287231**

Amount of Each Receipt this Period  
**200.00**

**B. EDGAR DEJESUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Ralph Street  
First Floor

City Bergenfield State NJ Zip Code 07621-0000

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

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1133.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281578**

Amount of Each Receipt this Period  
**51.54**

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

Mailing Address 8 Ralph Street  
First Floor

City Bergenfield State NJ Zip Code 07621-0000

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

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1185.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281772**

Amount of Each Receipt this Period  
**51.54**

**SUBTOTAL** of Receipts This Page (optional)..... **123.08**

**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 300 OF 1358
	<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. EDGAR DEJESUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Ralph Street  
First Floor

City Bergenfield State NJ Zip Code 07621-0000

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

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1236.96

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.281964**

Amount of Each Receipt this Period  
51.54

**B. LEE A. DEKREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3219 Overland #9185

City Los Angeles State CA Zip Code 90034

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.287303**

Amount of Each Receipt this Period  
60.00

**C. LEE A. DEKREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3219 Overland #9185

City Los Angeles State CA Zip Code 90034

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.287144**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 121.54

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3219 Overland #9185

City Los Angeles State CA Zip Code 90034

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

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287232**

Amount of Each Receipt this Period  
 10.00

**B. LACHOND DELANEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1410 Bush Street Suite A

City Baltimore State MD Zip Code 21230

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

Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 516.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284413**

Amount of Each Receipt this Period  
 44.88

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

Mailing Address 125 State Street

City Nicholson State PA Zip Code 18446

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282636**

Amount of Each Receipt this Period  
 60.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.71
<b>TOTAL</b> This Period (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 302 OF 1358
	<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	<input type="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. DAVID T. DELOOF**  
Full Name (Last, First, Middle Initial)

Mailing Address W8015 STATE ROAD 33

City PORTAGE State WI Zip Code 53901

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287589**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address W8015 STATE ROAD 33

City PORTAGE State WI Zip Code 53901

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287591**

Amount of Each Receipt this Period  
 10.00

**C. DAVID T. DELOOF**  
Full Name (Last, First, Middle Initial)

Mailing Address W8015 STATE ROAD 33

City PORTAGE State WI Zip Code 53901

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.287590**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JOSEPH DELOREY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

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

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284501**

Amount of Each Receipt this Period  
 41.66

**B. MARCINIAK TAMMY DELP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285647**

Amount of Each Receipt this Period  
 11.50

**C. MARCINIAK TAMMY DELP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

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

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285925**

Amount of Each Receipt this Period  
 11.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.66
<b>TOTAL</b> This Period (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 304 OF 1358
	<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. MICHAEL A. DELUKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 844 Manchester Avenue  
 City Kent State OH Zip Code 44240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **873.41**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.284335**  
 Amount of Each Receipt this Period **62.12**

**B. JAYSON C. DEMAGALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15628 Lakewood Hts Blvd.  
 City Lakewood State OH Zip Code 44107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.282150**  
 Amount of Each Receipt this Period **40.00**

**C. JAYSON C. DEMAGALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15628 Lakewood Hts Blvd.  
 City Lakewood State OH Zip Code 44107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **12 / 20 / 2012**  
**Transaction ID : SA11AI.282207**  
 Amount of Each Receipt this Period **20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>122.12</b>
<b>TOTAL</b> This Period (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 305 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. JAYSON C. DEMAGALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15628 Lakewood Hts Blvd.  
 City Lakewood State OH Zip Code 44107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282262**  
 Amount of Each Receipt this Period  
 20.00

**B. JOHN C. DEMPSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20235 Watermark Place  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2178.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281579**  
 Amount of Each Receipt this Period  
 95.34

**C. JOHN C. DEMPSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20235 Watermark Place  
 City Sterling State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2273.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281773**  
 Amount of Each Receipt this Period  
 95.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.68
<b>TOTAL</b> This Period (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 306 OF 1358
	<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. JOHN C. DEMPSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 20235 Watermark Place

City Sterling State VA Zip Code 20165

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

Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2369.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281965**

Amount of Each Receipt this Period  
 95.34

**B. CHRISTIE J. DENNIS-SHERRARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286513**

Amount of Each Receipt this Period  
 200.00

**C. CHRISTIE J. DENNIS-SHERRARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

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

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286383**

Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	345.34
<b>TOTAL</b> This Period (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 307 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CONSTANCE DERR</b>		Date of Receipt
Mailing Address 111 Ranchitos		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Corrales	NM	87048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281580</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	<input type="text" value="52.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1218.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. CONSTANCE DERR</b>		Date of Receipt
Mailing Address 111 Ranchitos		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Corrales	NM	87048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281774</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	<input type="text" value="52.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1270.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. CONSTANCE DERR</b>		Date of Receipt
Mailing Address 111 Ranchitos		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Corrales	NM	87048
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281966</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	<input type="text" value="52.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1323.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="157.50"/>
<b>TOTAL</b> 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 308 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JARED A. DE SEIFE</b>		Date of Receipt
Mailing Address 227 North Third Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Dekalb IL 60115		<b>Transaction ID : SA11AI.285484</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="16.80"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CORRECTIONAL OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="201.60"/>	

Full Name (Last, First, Middle Initial) <b>B. LEIOMALAMA DESHA</b>		Date of Receipt
Mailing Address 1717 Mott Smith Drive #1602		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Honolulu HI 96822		<b>Transaction ID : SA11AI.285034</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES WILLIAM DESMIDT</b>		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Des Moines IA 50313		<b>Transaction ID : SA11AI.286514</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="213.54"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="91.80"/>
<b>TOTAL</b> 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 309 OF 1358
	<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. JAMES WILLIAM DESMIDT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

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

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
226.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286384**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0
									12.50

**B. YOLANDA K. DEUTCHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 144

City Auburn	State IL	Zip Code 62615
----------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SHILD SUPPORT SPECIALIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285364**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0
									20.80

**C. YOLANDA K. DEUTCHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 144

City Auburn	State IL	Zip Code 62615
----------------	-------------	-------------------

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

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SHILD SUPPORT SPECIALIST
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285486**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0
									20.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.10
<b>TOTAL</b> This Period (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 310 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. GREG D. DEVEREUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton State WA Zip Code 98584

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

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1354.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.284165**

Amount of Each Receipt this Period  
 14.00

**B. GREG D. DEVEREUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton State WA Zip Code 98584

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

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1474.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284078**

Amount of Each Receipt this Period  
 120.00

**C. GREG D. DEVEREUX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3561 Kamilche Point Road

City Shelton State WA Zip Code 98584

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

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1594.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284127**

Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 254.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 311 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. GREG D. DEVEREUX</b>		Date of Receipt
Mailing Address 3561 Kamilche Point Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Shelton	State WA	Zip Code 98584
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284195</b>
Name of Employer AFSCME WA CN 28		Amount of Each Receipt this Period
Occupation EXECUTIVE DIRECTOR		<input type="text" value="14.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1608.00"/>		

Full Name (Last, First, Middle Initial) <b>B. ROBERT L. DEVLIN</b>		Date of Receipt
Mailing Address 216 E. 46th Street		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Tacoma	State WA	Zip Code 98404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285648</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="241.50"/>		

Full Name (Last, First, Middle Initial) <b>C. ROBERT L. DEVLIN</b>		Date of Receipt
Mailing Address 216 E. 46th Street		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Tacoma	State WA	Zip Code 98404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285926</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="252.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="35.00"/>
<b>TOTAL</b> 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 312 OF 1358
	<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	<input type="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. D'JEAN A. DEVOLLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4204 W 129th Street  
Unit 3

City Hawthorne State CA Zip Code 90250

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

Name of Employer AFSCME CA CN 36/LOCAL 3634 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286943**

Amount of Each Receipt this Period  
40.00

**B. D'JEAN A. DEVOLLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4204 W 129th Street  
Unit 3

City Hawthorne State CA Zip Code 90250

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

Name of Employer AFSCME CA CN 36/LOCAL 3634 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
530.00

Date of Receipt  
11 / 28 / 2012  
**Transaction ID : SA11AI.286952**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 4499 Stover Road

City Ostrander State OH Zip Code 43061

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

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
705.05

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.284337**

Amount of Each Receipt this Period  
64.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.18

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. JEFFREY DEXTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Dennis Avenue  
 City Bradley State IL Zip Code 60915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 745.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284845**  
 Amount of Each Receipt this Period  
 67.74

**B. JEFFREY DEXTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 501 Dennis Avenue  
 City Bradley State IL Zip Code 60915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 812.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284663**  
 Amount of Each Receipt this Period  
 67.74

**C. SANDRA A. DHONDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Mallard Road  
 City Perrysburg State OH Zip Code 43551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282151**  
 Amount of Each Receipt this Period  
 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 154.72  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 314 OF 1358
<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. SANDRA A. DHONDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Mallard Road  
 City Perrysburg State OH Zip Code 43551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282208**  
 Amount of Each Receipt this Period  
 9.62

**B. SANDRA A. DHONDT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 Mallard Road  
 City Perrysburg State OH Zip Code 43551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282263**  
 Amount of Each Receipt this Period  
 9.62

**C. JASON DIBBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 12th Street SE  
 City Austin State MN Zip Code 55912-4229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1895.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286656**  
 Amount of Each Receipt this Period  
 170.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	189.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 315 OF 1358  
(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. JASON DIBBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 12th Street SE  
 City Austin State MN Zip Code 55912-4229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2065.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286712**  
 Amount of Each Receipt this Period 170.00

**B. BETH A. DIBENEDETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4110 Factory Road  
 City Albany State OH Zip Code 45710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282411**  
 Amount of Each Receipt this Period 19.24

**C. BETH A. DIBENEDETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4110 Factory Road  
 City Albany State OH Zip Code 45710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282412**  
 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 198.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 316 OF 1358 (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**

Full Name (Last, First, Middle Initial) <b>A. BETH A. DIBENEDETTO</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282413</b>		
Mailing Address 4110 Factory Road	Amount of Each Receipt this Period 9.62		
<table style="width: 100%;"> <tr> <td>City Albany</td> <td>State OH</td> <td>Zip Code 45710</td> </tr> </table>		City Albany	State OH
City Albany	State OH	Zip Code 45710	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 251.64		
Name of Employer AFSCME OH LOC 4/ALEXANDER		Occupation TEACHER AIDE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CRYSTAL M. DI DOMENICO</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281581</b>		
Mailing Address 6616 Comet Circle Apt. 314	Amount of Each Receipt this Period 37.14		
<table style="width: 100%;"> <tr> <td>City Springfield</td> <td>State VA</td> <td>Zip Code 22150</td> </tr> </table>		City Springfield	State VA
City Springfield	State VA	Zip Code 22150	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 801.24		
Name of Employer AFSCME INT'L		Occupation STAFF SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CRYSTAL M. DI DOMENICO</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281775</b>		
Mailing Address 6616 Comet Circle Apt. 314	Amount of Each Receipt this Period 37.14		
<table style="width: 100%;"> <tr> <td>City Springfield</td> <td>State VA</td> <td>Zip Code 22150</td> </tr> </table>		City Springfield	State VA
City Springfield	State VA	Zip Code 22150	
FEC ID number of contributing federal political committee. <b>C</b>	Aggregate Year-to-Date ▼ 838.38		
Name of Employer AFSCME INT'L		Occupation STAFF SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	83.90
<b>TOTAL</b> This Period (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 317 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CRYSTAL M. DI DOMENICO</b>		Date of Receipt
Mailing Address 6616 Comet Circle Apt. 314		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Springfield	State VA	Zip Code 22150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281967</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation STAFF SPECIALIST II		<input type="text" value="37.14"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="875.52"/>	

Full Name (Last, First, Middle Initial) <b>B. JEAN M. DIEDERICH</b>		Date of Receipt
Mailing Address 4741 Grand Ave. So. No. 3		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Minneapolis	State MN	Zip Code 55419-5443
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286759</b>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Amount of Each Receipt this Period
Occupation CHILD SUPPORT OFFICER		<input type="text" value="116.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1597.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JEAN M. DIEDERICH</b>		Date of Receipt
Mailing Address 4741 Grand Ave. So. No. 3		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Minneapolis	State MN	Zip Code 55419-5443
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286760</b>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY		Amount of Each Receipt this Period
Occupation CHILD SUPPORT OFFICER		<input type="text" value="116.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1713.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="269.14"/>
<b>TOTAL</b> 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 318 OF 1358
<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. TRAVIS D. DIETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem State OR Zip Code 97301

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.285154**

Amount of Each Receipt this Period **20.00**

**B. TRAVIS D. DIETER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem State OR Zip Code 97301

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

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285260**

Amount of Each Receipt this Period **20.00**

**C. RACHEL DIETZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1332 Fulton St.

City Harrisburg State PA Zip Code 17102

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

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **641.15**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282637**

Amount of Each Receipt this Period **85.16**

**SUBTOTAL** of Receipts This Page (optional)..... **125.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 1358
	<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. JEANETTE DIFLORIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4296 Merriman Loop  
 City Howell State MI Zip Code 48843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 696.67

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284234**  
 Amount of Each Receipt this Period  
 30.29

**B. JEANETTE DIFLORIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4296 Merriman Loop  
 City Howell State MI Zip Code 48843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 726.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284283**  
 Amount of Each Receipt this Period  
 30.29

**C. MICHAEL DILLION**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 S Second Street Apt. 120  
 City Springfield State IL Zip Code 62701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 489.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284846**  
 Amount of Each Receipt this Period  
 53.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 1358
	<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. MICHAEL DILLION**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 S Second Street  
Apt. 120

City Springfield State IL Zip Code 62701

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
543.20

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284664**

Amount of Each Receipt this Period  
53.80

**B. JOHN S. DILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N. Raynor Avenue

City Joliet State IL Zip Code 60435

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.285365**

Amount of Each Receipt this Period  
30.00

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

Mailing Address 205 N. Raynor Avenue

City Joliet State IL Zip Code 60435

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285487**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 93.80

**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: PAGE 321 OF 1358  
(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. GREGORY D. DILLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Dillow Lane  
 City State Zip Code  
 Anna IL 62906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285366**  
 Amount of Each Receipt this Period  
 40.00

**B. GREGORY D. DILLOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 Dillow Lane  
 City State Zip Code  
 Anna IL 62906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285488**  
 Amount of Each Receipt this Period  
 20.00

**C. SHERI A. DIMMERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 E. Glenwood Court  
 City State Zip Code  
 Amelia OH 45102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH TRAINING OFFICER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283013**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 322 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A. SHERI A. DIMMERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1237 E. Glenwood Court

City Amelia	State OH	Zip Code 45102
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRAINING OFFICER
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283381**

Amount of Each Receipt this Period  

10.00
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**B. SHERI A. DIMMERMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1237 E. Glenwood Court

City Amelia	State OH	Zip Code 45102
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRAINING OFFICER
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283744**

Amount of Each Receipt this Period  

10.00
-------

**C. STACIE DINEEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 80490 28th Street

City Lawton	State MI	Zip Code 49065
----------------	-------------	-------------------

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

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284235**

Amount of Each Receipt this Period  

10.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.50</b>
<b>TOTAL</b> This Period (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 323 OF 1358
	<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. STACIE DINEEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 80490 28th Street

City Lawton State MI Zip Code 49065

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

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **311.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2012**

**Transaction ID : SA11AI.284284**

Amount of Each Receipt this Period  
**10.50**

**B. JOHN A. DINICOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 2nd Street

City Bergenline State NJ Zip Code 07087-0000

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **745.14**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2012**

**Transaction ID : SA11AI.284847**

Amount of Each Receipt this Period  
**67.74**

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

Mailing Address 320 2nd Street

City Bergenline State NJ Zip Code 07087-0000

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **812.88**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284665**

Amount of Each Receipt this Period  
**67.74**

**SUBTOTAL** of Receipts This Page (optional)..... **145.98**

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

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

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

FOR LINE NUMBER: PAGE 324 OF 1358  
(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. ERIKA S. DINKEL-SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 715  
 City Menomonie State WI Zip Code 54751  
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 524.56

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284468**  
 Amount of Each Receipt this Period 44.76

**B. NORMAND P. DIONNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15-2692 Aweoweo Street  
 City Pahoa State HI Zip Code 96778  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285036**  
 Amount of Each Receipt this Period 25.00

**C. LISA DIVITTORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4031 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 729.94

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282638**  
 Amount of Each Receipt this Period 88.08

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 157.84  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 325 OF 1358
<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. JAMES W. DIXON**  
Full Name (Last, First, Middle Initial)

Mailing Address 26 homewood Court

City Springfield State IL Zip Code 62704

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285367**

Amount of Each Receipt this Period 20.00

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

Mailing Address 26 homewood Court

City Springfield State IL Zip Code 62704

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

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285489**

Amount of Each Receipt this Period 20.00

**C. DANIEL J. DIXON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 684

City MADISON State WI Zip Code 53701

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

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.287595**

Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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 326 OF 1358
	<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. DANIEL J. DIXON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 684

City MADISON	State WI	Zip Code 53701
-----------------	-------------	-------------------

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

Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.287594**

Amount of Each Receipt this Period  
40.00

**B. DONALD E. DOBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4249 Cleveland Avenue

City Dayton	State OH	Zip Code 45410
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283014**

Amount of Each Receipt this Period  
10.00

**C. DONALD E. DOBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4249 Cleveland Avenue

City Dayton	State OH	Zip Code 45410
----------------	-------------	-------------------

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

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283382**

Amount of Each Receipt this Period  
10.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 327 OF 1358
<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. DONALD E. DOBBS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4249 Cleveland Avenue

City State Zip Code  
Dayton OH 45410

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

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**12 / 28 / 2012**

**Transaction ID : SA11AI.283745**

Amount of Each Receipt this Period  
**100.00**

**B. KEVIN DOEING**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 Quittie Park Dr.

City State Zip Code  
Annville PA 17003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1025.10**

Date of Receipt  
**12 / 12 / 2012**

**Transaction ID : SA11AI.282639**

Amount of Each Receipt this Period  
**82.50**

**C. MICHAEL J. DOLNEY JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 Pacific Avenue  
P.O. Box 71

City State Zip Code  
Randall MN 56475

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**11 / 30 / 2012**

**Transaction ID : SA11AI.286657**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **132.50**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 328 OF 1358
	<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. MICHAEL J. DOLNEY JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Pacific Avenue  
 P.O. Box 71  
 City State Zip Code  
 Randall MN 56475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286713**  
 Amount of Each Receipt this Period  
 40.00

**B. RICHARD S. DOMBROSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City State Zip Code  
 New Britain CT 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4/STATE OF CT STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287343**  
 Amount of Each Receipt this Period  
 8.00

**C. RANDY J. DOMINIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 821 Painter Street  
 City State Zip Code  
 Streator IL 61364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 644.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284848**  
 Amount of Each Receipt this Period  
 60.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.80
<b>TOTAL</b> This Period (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 329 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RANDY J. DOMINIC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 821 Painter Street  
 City State Zip Code  
 Streator IL 61364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 704.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284666**  
 Amount of Each Receipt this Period  
 60.80

**B. PETER DOMPIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Chippewa Street  
 City State Zip Code  
 Marquette MI 49855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MI CN 25 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284236**  
 Amount of Each Receipt this Period  
 21.00

**C. PETER DOMPIERE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 710 Chippewa Street  
 City State Zip Code  
 Marquette MI 49855  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MI CN 25 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284285**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 102.80  
**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 330 OF 1358
	<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. MARK DONAHUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 52 Jefferson Street

City Schuylkill Have State PA Zip Code 17972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.282819**

Amount of Each Receipt this Period  
 16.00

**B. LORI DONALDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 1/2 Grant Street

City Franklin State PA Zip Code 16323

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 592.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282640**

Amount of Each Receipt this Period  
 60.83

**C. LAURENCE DONOHOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 748 SE Lambert

City Portland State OR Zip Code 97202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285330**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.83
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 331 OF 1358  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DANNY DONOHUE</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>11</td><td></td><td></td><td>27</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : SA11AI.286248</b>			M	M	/	D	D	/	Y	Y	Y	Y	11			27			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			27			2012																			
Mailing Address 10 Longview Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>76.96</td> </tr> </table>			76.96																			
76.96																									
City Clifton Park	State NY	Zip Code 12061																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME NY LOC 1000		Occupation PRESIDENT																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>613.53</td> </tr> </table>				613.53																			
613.53																									

Full Name (Last, First, Middle Initial) <b>B. DANNY DONOHUE</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : SA11AI.284166</b>			M	M	/	D	D	/	Y	Y	Y	Y	11			29			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			29			2012																			
Mailing Address 10 Longview Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>14.00</td> </tr> </table>			14.00																			
14.00																									
City Clifton Park	State NY	Zip Code 12061																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME NY LOC 1000		Occupation PRESIDENT																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>627.53</td> </tr> </table>				627.53																			
627.53																									

Full Name (Last, First, Middle Initial) <b>C. DANNY DONOHUE</b>			Date of Receipt <table border="1" style="width:100%; text-align: center;"> <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>11</td><td></td><td></td><td>29</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table> <b>Transaction ID : SA11AI.286260</b>			M	M	/	D	D	/	Y	Y	Y	Y	11			29			2012			
M	M	/	D	D	/	Y	Y	Y	Y																
11			29			2012																			
Mailing Address 10 Longview Drive			Amount of Each Receipt this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>19.24</td> </tr> </table>			19.24																			
19.24																									
City Clifton Park	State NY	Zip Code 12061																							
FEC ID number of contributing federal political committee. C																									
Name of Employer AFSCME NY LOC 1000		Occupation PRESIDENT																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1" style="width:100%; text-align: right;"> <tr> <td>646.77</td> </tr> </table>				646.77																			
646.77																									

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td>110.20</td> </tr> </table>	110.20
110.20		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; text-align: right;"> <tr> <td> </td> </tr> </table>	

**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 332 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DANNY DONOHUE</b>			Date of Receipt
Mailing Address 10 Longview Drive			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286272</b>
Clifton Park	NY	12061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.01"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DANNY DONOHUE</b>			Date of Receipt
Mailing Address 10 Longview Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284196</b>
Clifton Park	NY	12061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="680.01"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DANNY DONOHUE</b>			Date of Receipt
Mailing Address 10 Longview Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286284</b>
Clifton Park	NY	12061	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="699.25"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="52.48"/>
<b>TOTAL</b> 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 333 OF 1358
	<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. CYNTHIA DONOVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **287.50**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285649**

Amount of Each Receipt this Period  

12.50
-------

**B. CYNTHIA DONOVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285927**

Amount of Each Receipt this Period  

12.50
-------

**C. LAWRENCE DORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 East Main Street

City New Britain	State CT	Zip Code 06051-0000
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287379**

Amount of Each Receipt this Period  

60.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>85.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 334 OF 1358  
(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. LAWRENCE DORMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City State Zip Code  
 New Britain CT 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287378**  
 Amount of Each Receipt this Period  
 30.00

**B. BRYAN DOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Norwood  
 City State Zip Code  
 Brainerd MN 56401-3846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286658**  
 Amount of Each Receipt this Period  
 24.00

**C. BRYAN DOSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Norwood  
 City State Zip Code  
 Brainerd MN 56401-3846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 324.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286714**  
 Amount of Each Receipt this Period  
 24.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 335 OF 1358
	<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. KIM C. DOSS-PATTERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10734 S. Langley Avenue

City Chicago State IL Zip Code 60628

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **724.00**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285368**

Amount of Each Receipt this Period **40.00**

**B. KIM C. DOSS-PATTERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10734 S. Langley Avenue

City Chicago State IL Zip Code 60628

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **784.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285490**

Amount of Each Receipt this Period **60.00**

**C. CAROL A. DOTLICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 8312 198th Street E

City Spanaway State WA Zip Code 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.284167**

Amount of Each Receipt this Period **14.00**

**SUBTOTAL** of Receipts This Page (optional)..... **114.00**

**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 336 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. CAROL A. DOTLICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8312 198th Street E  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 707.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284079**  
 Amount of Each Receipt this Period  
 42.00

**B. CAROL A. DOTLICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8312 198th Street E  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284128**  
 Amount of Each Receipt this Period  
 42.00

**C. CAROL A. DOTLICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8312 198th Street E  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 763.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284197**  
 Amount of Each Receipt this Period  
 14.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 337 OF 1358
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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**

Full Name (Last, First, Middle Initial) <b>A. THERESA A. DOTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.282304</b>
Mailing Address 2960 Janet Circle Apt. A		Amount of Each Receipt this Period 12.50
City Columbus	State OH	
Zip Code 43209		Aggregate Year-to-Date ▼ 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. THERESA A. DOTSON</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.282335</b>
Mailing Address 2960 Janet Circle Apt. A		Amount of Each Receipt this Period 12.50
City Columbus	State OH	
Zip Code 43209		Aggregate Year-to-Date ▼ 377.50
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DANNY DOUGLAS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.284032</b>
Mailing Address 1723 Linn Hipsher Road		Amount of Each Receipt this Period 28.00
City Marion	State OH	
Zip Code 43302		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 338 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. DANNY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1723 Linn Hipsher Road

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283016**

Amount of Each Receipt this Period  
13.00

**B. DANNY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1723 Linn Hipsher Road

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283384**

Amount of Each Receipt this Period  
13.00

**C. DANNY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1723 Linn Hipsher Road

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
279.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283747**

Amount of Each Receipt this Period  
13.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.00
<b>TOTAL</b> This Period (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 339 OF 1358
	<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. KAY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 913 23rd Avenue E

City Seattle State WA Zip Code 98112

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/UNIV OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286170**

Amount of Each Receipt this Period 200.00

**B. RODNEY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2753 W Warren Boulevard

City Chicago State IL Zip Code 60612

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 664.82

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284849**

Amount of Each Receipt this Period 69.76

**C. RODNEY DOUGLAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2753 W Warren Boulevard

City Chicago State IL Zip Code 60612

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 734.58

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284667**

Amount of Each Receipt this Period 69.76

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	159.52
<b>TOTAL</b> This Period (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 340 OF 1358
	<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. MARCIA M. DOUGLAS-BUMGARNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 232  
 City Lyman State WA Zip Code 98263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **285.00**

Date of Receipt **12 / 10 / 2012**  
**Transaction ID : SA11AI.285651**  
 Amount of Each Receipt this Period **12.50**

**B. MARCIA M. DOUGLAS-BUMGARNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 232  
 City Lyman State WA Zip Code 98263  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **297.50**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.285929**  
 Amount of Each Receipt this Period **12.50**

**C. DAVID DOVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6930 S. Campbell  
 City Chicago State IL Zip Code 60629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **622.50**

Date of Receipt **12 / 03 / 2012**  
**Transaction ID : SA11AI.284850**  
 Amount of Each Receipt this Period **58.32**

**SUBTOTAL** of Receipts This Page (optional)..... **83.32**  
**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 341 OF 1358
<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. DAVID DOVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6930 S. Campbell  
 City Chicago State IL Zip Code 60629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **680.82**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.284668**  
 Amount of Each Receipt this Period **58.32**

**B. JOZETTE D. DOWDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 Rosebud Park Drive  
 City Snellville State GA Zip Code 30039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281582**  
 Amount of Each Receipt this Period **10.00**

**C. JOZETTE D. DOWDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 Rosebud Park Drive  
 City Snellville State GA Zip Code 30039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281776**  
 Amount of Each Receipt this Period **10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>78.32</b>
<b>TOTAL</b> This Period (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 342 OF 1358
	<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. JOZETTE D. DOWDELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3587 Rosebud Park Drive  
 City Snellville State GA Zip Code 30039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281968**  
 Amount of Each Receipt this Period  
 10.00

**B. THOMAS C. DRABICK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 982 Fortkort Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282152**  
 Amount of Each Receipt this Period  
 40.00

**C. THOMAS C. DRABICK JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 982 Fortkort Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, LEGAL SERVICES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 980.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282209**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 343 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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**

Full Name (Last, First, Middle Initial) <b>A. THOMAS C. DRABICK JR.</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282264</b>		
Mailing Address 982 Fortkort Drive			Amount of Each Receipt this Period 1000.00		
City Reynoldsburg	State OH	Zip Code 43068	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4		Occupation DIRECTOR, LEGAL SERVICES	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>B. LAURA E. DRAKE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2012 <b>Transaction ID : SA11AI.284851</b>		
Mailing Address 238 S. Oak Park Avenue			Amount of Each Receipt this Period 67.74		
City Oak Park	State IL	Zip Code 60302	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31		Occupation SENIOR ORGANIZER	Aggregate Year-to-Date ▼ 745.14		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) <b>C. LAURA E. DRAKE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284669</b>		
Mailing Address 238 S. Oak Park Avenue			Amount of Each Receipt this Period 67.74		
City Oak Park	State IL	Zip Code 60302	FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31		Occupation SENIOR ORGANIZER	Aggregate Year-to-Date ▼ 812.88		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.48
<b>TOTAL</b> This Period (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 344 OF 1358
<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. SARAH A. DRECKSEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1231 199th Street E.  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285652**  
 Amount of Each Receipt this Period  
 100.00

**B. CHRIS DUGOVICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 750  
 City Everett State WA Zip Code 98206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 2 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286899**  
 Amount of Each Receipt this Period  
 20.00

**C. BRYAN DULAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 E 10th Street  
 City Winona State MN Zip Code 55987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286659**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 345 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. BRYAN DULAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 E 10th Street  
 City Winona State MN Zip Code 55987  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286715**  
 Amount of Each Receipt this Period  
 30.00

**B. PAMELA F. DUNCAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7282 Aplin Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 964.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282153**  
 Amount of Each Receipt this Period  
 77.00

**C. PAMELA F. DUNCAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7282 Aplin Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1002.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282210**  
 Amount of Each Receipt this Period  
 38.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.50
<b>TOTAL</b> This Period (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 346 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAMELA F. DUNCAN</b>			Date of Receipt
Mailing Address 7282 Aplin Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282265</b>
Reynoldsburg	OH	43068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.50"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	EXECUTIVE ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1041.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SHARI L. DUNCAN</b>			Date of Receipt
Mailing Address 2650 Fillmore Lane			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286515</b>
Davenport	IA	52804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SHARI L. DUNCAN</b>			Date of Receipt
Mailing Address 2650 Fillmore Lane			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286385</b>
Davenport	IA	52804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="113.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 347 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM D. DUNCAN</b>			Date of Receipt
Mailing Address 888 Tradewind Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282417</b>
Mason	OH	45040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/MASON CITY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM D. DUNCAN</b>			Date of Receipt
Mailing Address 888 Tradewind Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282418</b>
Mason	OH	45040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/MASON CITY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="211.64"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WILLIAM TODD DUPUY</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286516</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.64"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.61"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.88"/>
<b>TOTAL</b> 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 348 OF 1358
	<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. WILLIAM TODD DUPUY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286386**  
 Amount of Each Receipt this Period  
 10.41

**B. JAMES W DURKIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Beacon Street  
 City Boston State MA Zip Code 02108-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MA CN 93 Occupation COMMUNICATIONS SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284502**  
 Amount of Each Receipt this Period  
 50.00

**C. JEFFERY A. DUVENDACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2716 Randall Drive  
 City Oregon State OH Zip Code 43616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation MOTOR FLEET COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283018**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.41
<b>TOTAL</b> This Period (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 349 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFFERY A. DUVENDACK</b>			Date of Receipt
Mailing Address 2716 Randall Drive			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283386</b>
Oregon	OH	43616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	MOTOR FLEET COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEFFERY A. DUVENDACK</b>			Date of Receipt
Mailing Address 2716 Randall Drive			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283749</b>
Oregon	OH	43616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	MOTOR FLEET COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ETHEL M DYER</b>			Date of Receipt
Mailing Address 2205 Medina Avenue			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282305</b>
Columbus	OH	43211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="32.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 350 OF 1358
	<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. ETHEL M DYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2205 Medina Avenue

City Columbus	State OH	Zip Code 43211
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282336**

Amount of Each Receipt this Period  

12.50
-------

**B. DENNIS J. EAGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5007 26th Avenue SE

City Lacey	State WA	Zip Code 98503
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation DIRECTOR OF LPA
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284080**

Amount of Each Receipt this Period  

90.00
-------

**C. DENNIS J. EAGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5007 26th Avenue SE

City Lacey	State WA	Zip Code 98503
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation DIRECTOR OF LPA
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284129**

Amount of Each Receipt this Period  

90.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>192.50</b>
<b>TOTAL</b> This Period (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 351 OF 1358  
(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. JOHN M. EAGLESPRIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 W Gambier Street  
 City State Zip Code  
 Mount Vernon OH 43050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282306**  
 Amount of Each Receipt this Period  
 25.00

**B. JOHN M. EAGLESPRIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 W Gambier Street  
 City State Zip Code  
 Mount Vernon OH 43050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 4/COLUMBUS CITY CUSTODIAN  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282337**  
 Amount of Each Receipt this Period  
 25.00

**C. ANN N. EBESUNO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 285 Kuhilani Street  
 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 ▼  
 312.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285037**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.00  
**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 352 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LAURIE ECKELS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 42 Profio Road  
 City McDonald State PA Zip Code 15057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 914.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282641**  
 Amount of Each Receipt this Period  
 76.64

**B. THOMAS EDSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4106 N. Sacramento  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 871.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284852**  
 Amount of Each Receipt this Period  
 79.24

**C. THOMAS EDSTROM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4106 N. Sacramento  
 City Chicago State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284670**  
 Amount of Each Receipt this Period  
 79.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.12
<b>TOTAL</b> This Period (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 353 OF 1358
	<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. CHRISTINE LYNN EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22002 E28 Ridge Road  
 City Anamosa State IA Zip Code 52205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286518**  
 Amount of Each Receipt this Period  
 40.00

**B. CHRISTINE LYNN EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22002 E28 Ridge Road  
 City Anamosa State IA Zip Code 52205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286388**  
 Amount of Each Receipt this Period  
 10.00

**C. PATRICIA A. EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Mox Chehalis Road  
 City McCleary State WA Zip Code 98557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285653**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.00  
**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 354 OF 1358
	<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. PATRICIA A. EDWARDS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Mox Chehalis Road  
 City McCleary State WA Zip Code 98557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285930**  
 Amount of Each Receipt this Period  
 21.00

**B. BONNIE J. EGGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 W Burlington #304  
 City Agency State IA Zip Code 52530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286519**  
 Amount of Each Receipt this Period  
 41.64

**C. BONNIE J. EGGERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 W Burlington #304  
 City Agency State IA Zip Code 52530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286389**  
 Amount of Each Receipt this Period  
 10.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.05
<b>TOTAL</b> This Period (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 355 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JAMES C. EGGERS</b>		Date of Receipt
Mailing Address 563 Harland Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43207		<b>Transaction ID : SA11AI.283021</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="16.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation EMPLOYMENT SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="324.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES C. EGGERS</b>		Date of Receipt
Mailing Address 563 Harland Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43207		<b>Transaction ID : SA11AI.283389</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="16.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation EMPLOYMENT SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES C. EGGERS</b>		Date of Receipt
Mailing Address 563 Harland Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43207		<b>Transaction ID : SA11AI.283752</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="16.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation EMPLOYMENT SERVICES REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="356.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="48.00"/>
<b>TOTAL</b> 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 356 OF 1358
	<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. DEBRA J. EHLERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 QSQTN. DIAG.  
City Independence State IA Zip Code 50644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **218.61**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286520**  
Amount of Each Receipt this Period **41.64**

**B. DEBRA J. EHLERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2302 QSQTN. DIAG.  
City Independence State IA Zip Code 50644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **229.02**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.286390**  
Amount of Each Receipt this Period **10.41**

**C. RICKIE EILANDER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4320 NW Second Avenue  
City Des Moines State IA Zip Code 50313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 13 / 2012**  
**Transaction ID : SA11AI.284389**  
Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **92.05**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 357 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. GORDON K. ELLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 31517 36th Avenue S.

City Auburn	State WA	Zip Code 98001
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285654**

Amount of Each Receipt this Period  

10.50
-------

**B. GORDON K. ELLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 31517 36th Avenue S.

City Auburn	State WA	Zip Code 98001
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285931**

Amount of Each Receipt this Period  

10.50
-------

**C. HELEN H. ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1408 Wyeth Street

City Harrisburg	State PA	Zip Code 17102
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282741**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>41.00</b>
<b>TOTAL</b> This Period (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 358 OF 1358
	<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. HELEN H. ELLIOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1408 Wyeth Street

City Harrisburg State PA Zip Code 17102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282820**

Amount of Each Receipt this Period 20.00

**B. DEVON F. ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1379 Hudson Street

City Dupont State WA Zip Code 98327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 569.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285933**

Amount of Each Receipt this Period 26.00

**C. LEONORA ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285656**

Amount of Each Receipt this Period 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 56.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 359 OF 1358
	<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. LEONORA ELLIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.285934

Amount of Each Receipt this Period  
10.50

**B. LORI R. ELMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1763 North Cassady Avenue

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
12 / 10 / 2012  
Transaction ID : SA11AI.282896

Amount of Each Receipt this Period  
93.00

**C. MARTHA EMMERTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
12 / 10 / 2012  
Transaction ID : SA11AI.285657

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 114.00

**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 360 OF 1358
	<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. MARTHA EMMERTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285935**

Amount of Each Receipt this Period 10.50

**B. DEAN D. ENGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1145 Shenandoah Lane

City Plymouth State MN Zip Code 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 13 / 2012  
**Transaction ID : SA11AI.286786**

Amount of Each Receipt this Period 8.00

**C. ADELINA P. ENKE-ONSRUD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3833 RIDGEWAY AVE

City MADISON State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287600**

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.50

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 361 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. ADELINA P. ENKE-ONSRUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3833 RIDGEWAY AVE  
 City MADISON State WI Zip Code 53704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287599**  
 Amount of Each Receipt this Period  
 10.00

**B. ADELINA P. ENKE-ONSRUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3833 RIDGEWAY AVE  
 City MADISON State WI Zip Code 53704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.287598**  
 Amount of Each Receipt this Period  
 10.00

**C. JENNIFER L. ENNIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2621 Factory Road  
 City Albany State OH Zip Code 45710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/ALEXANDER Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282419**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	39.24
<b>TOTAL</b> This Period (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 362 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. JENNIFER L. ENNIS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012
Mailing Address 2621 Factory Road			<b>Transaction ID : SA11AI.282420</b>
City Albany	State OH	Zip Code 45710	Amount of Each Receipt this Period 9.62
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/ALEXANDER	Occupation TEACHER AIDE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.02		

Full Name (Last, First, Middle Initial) <b>B. JENNIFER L. ENNIS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2012
Mailing Address 2621 Factory Road			<b>Transaction ID : SA11AI.282421</b>
City Albany	State OH	Zip Code 45710	Amount of Each Receipt this Period 9.62
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/ALEXANDER	Occupation TEACHER AIDE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.64		

Full Name (Last, First, Middle Initial) <b>C. DARYL ERICKSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012
Mailing Address 240 Parkridge Road			<b>Transaction ID : SA11AI.286635</b>
City Mason City	State IA	Zip Code 50401	Amount of Each Receipt this Period 40.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.24		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.08
<b>TOTAL</b> This Period (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 363 OF 1358
	<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. DARYL ERICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 Parkridge Road

City Mason City State IA Zip Code 50401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286620**

Amount of Each Receipt this Period  
 40.84

**B. LINDA R. ERICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 523

City Rainer State WA Zip Code 98576

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 207.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285658**

Amount of Each Receipt this Period  
 9.00

**C. LINDA R. ERICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 523

City Rainer State WA Zip Code 98576

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285936**

Amount of Each Receipt this Period  
 9.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.84
<b>TOTAL</b> This Period (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 364 OF 1358
	<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. KURT ERRICKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 224 No. Smith Avenue  
Apt. #12

City Saint Paul State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
853.60

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.284469**

Amount of Each Receipt this Period  
71.14

**B. GILBERT ESCUDERO**  
Full Name (Last, First, Middle Initial)

Mailing Address 14099 SW 17th Terrace

City Miami State FL Zip Code 33175

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
381.24

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.282122**

Amount of Each Receipt this Period  
31.77

**C. FLORENCE S. ESTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4328 N. Hermitage Avenue  
#1-W

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.14

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284853**

Amount of Each Receipt this Period  
67.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 170.65

**TOTAL** This Period (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 365 OF 1358
	<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. FLORENCE S. ESTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4328 N. Hermitage Avenue  
#1-W

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **812.88**

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284671**

Amount of Each Receipt this Period  
**67.74**

**B. GEORGE ESTRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.77**

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : SA11AI.282642**

Amount of Each Receipt this Period  
**62.56**

**C. SUSAN ESTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2257 Park Hill Avenue

City Baltimore State MD Zip Code 21211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1106.00**

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284434**

Amount of Each Receipt this Period  
**87.50**

**SUBTOTAL** of Receipts This Page (optional)..... **217.80**

**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 366 OF 1358
	<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. MICHELLE R. EVANS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Galena Pointe Drive

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF ATTORNEY
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **736.25**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284338**

Amount of Each Receipt this Period  

97.02
-------

**B. SUSAN E. EVERETTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2704 Bella Via Avenue

City Columbus	State OH	Zip Code 43231
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK
-------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282154**

Amount of Each Receipt this Period  

20.00
-------

**C. SUSAN E. EVERETTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2704 Bella Via Avenue

City Columbus	State OH	Zip Code 43231
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ACCOUNT CLERK
-------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282211**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.02</b>
<b>TOTAL</b> This Period (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 367 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SUSAN E. EVERETTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2704 Bella Via Avenue  
 City Columbus State OH Zip Code 43231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation ACCOUNT CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282266**  
 Amount of Each Receipt this Period  
 100.00

**B. JOYCE EVOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287381**  
 Amount of Each Receipt this Period  
 60.00

**C. JOYCE EVOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287380**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 368 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. JOHN B. EWALDT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284470</b>
Mailing Address 6927 10th Street N			Amount of Each Receipt this Period 20.00
City Oakdale	State MN	Zip Code 55128	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>B. FAITH E. FADDIS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.285156</b>
Mailing Address 1400 Tandem Avenue NE			Amount of Each Receipt this Period 25.00
City Salem	State OR	Zip Code 97301	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) <b>C. FAITH E. FADDIS</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285262</b>
Mailing Address 1400 Tandem Avenue NE			Amount of Each Receipt this Period 25.00
City Salem	State OR	Zip Code 97301	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (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 369 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. YOUSEF FAHOUM</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285660</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="13.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="310.50"/>	

Full Name (Last, First, Middle Initial) <b>B. YOUSEF FAHOUM</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285938</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="13.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="324.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SHELIA G. FALCONER</b>		Date of Receipt
Mailing Address 163 N. Macarthur		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62702
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285370</b>
Name of Employer AFSCME IL CN 31/STATE OF IL		Amount of Each Receipt this Period
Occupation DATA PROCESSING TECH		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="47.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 370 OF 1358
	<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. SHELIA G. FALCONER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 163 N. Macarthur  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation DATA PROCESSING TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285492**  
 Amount of Each Receipt this Period  
 200.00

**B. MARY FALK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11236 Georgia Avenue North  
 City North Champlin State MN Zip Code 55316-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286660**  
 Amount of Each Receipt this Period  
 70.00

**C. MARY FALK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11236 Georgia Avenue North  
 City North Champlin State MN Zip Code 55316-3800  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 915.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286716**  
 Amount of Each Receipt this Period  
 70.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (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 371 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JASMINE FALLS</b>		Date of Receipt
Mailing Address 3412 Knipp Drive Suite 102		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jefferson City	MO	65109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MO CN 72	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.38"/>	
		Transaction ID : SA11AI.284537
		Amount of Each Receipt this Period
		<input type="text" value="17.29"/>

Full Name (Last, First, Middle Initial) <b>B. ROBERT FANTAUZZO</b>		Date of Receipt
Mailing Address 6805 Oak Creek Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 4	FIELD REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="392.36"/>	
		Transaction ID : SA11AI.282155
		Amount of Each Receipt this Period
		<input type="text" value="46.16"/>

Full Name (Last, First, Middle Initial) <b>C. ROBERT FANTAUZZO</b>		Date of Receipt
Mailing Address 6805 Oak Creek Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43229
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 4	FIELD REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="415.44"/>	
		Transaction ID : SA11AI.282212
		Amount of Each Receipt this Period
		<input type="text" value="23.08"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="86.53"/>
<b>TOTAL</b> 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 372 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. ROBERT FANTAUZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282267</b>
Mailing Address 6805 Oak Creek Drive		Amount of Each Receipt this Period 23.08
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 438.52	

Full Name (Last, First, Middle Initial) <b>B. STEPHAN FANTAUZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281583</b>
Mailing Address 3840 N. Delaware Street		Amount of Each Receipt this Period 107.71
City Indianapolis	State IN	Zip Code 46205
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation CHIEF OF STAFF TO THE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2102.69	

Full Name (Last, First, Middle Initial) <b>C. STEPHAN FANTAUZZO</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281777</b>
Mailing Address 3840 N. Delaware Street		Amount of Each Receipt this Period 107.71
City Indianapolis	State IN	Zip Code 46205
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation CHIEF OF STAFF TO THE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2210.40	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	238.50
<b>TOTAL</b> This Period (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 373 OF 1358
	<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. STEPHAN FANTAUZZO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3840 N. Delaware Street  
 City Indianapolis State IN Zip Code 46205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2318.11

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281969**  
 Amount of Each Receipt this Period  
 107.71

**B. CAROLINE A. FARAGHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 Frances Blvd.  
 City Elyria State OH Zip Code 44035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283394**  
 Amount of Each Receipt this Period  
 15.00

**C. CAROLINE A. FARAGHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 329 Frances Blvd.  
 City Elyria State OH Zip Code 44035  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283757**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 137.71  
**TOTAL** This Period (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 374 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN A. FARBER</b>		Date of Receipt
Mailing Address 10920 Territorial Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Burnsville State MN Zip Code 55337		<b>Transaction ID : SA11AI.286802</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="120.00"/>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="321.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN A. FARBER</b>		Date of Receipt
Mailing Address 10920 Territorial Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Burnsville State MN Zip Code 55337		<b>Transaction ID : SA11AI.286771</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="336.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN A. FARBER</b>		Date of Receipt
Mailing Address 10920 Territorial Drive		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Burnsville State MN Zip Code 55337		<b>Transaction ID : SA11AI.286787</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="351.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 375 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JULIE A. FARRAR</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283027</b>		
Mailing Address 426 Dewey Street			Amount of Each Receipt this Period 10.00		
City Sandusky	State OH	Zip Code 44870			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>B. JULIE A. FARRAR</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283395</b>		
Mailing Address 426 Dewey Street			Amount of Each Receipt this Period 10.00		
City Sandusky	State OH	Zip Code 44870			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. JULIE A. FARRAR</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283758</b>		
Mailing Address 426 Dewey Street			Amount of Each Receipt this Period 10.00		
City Sandusky	State OH	Zip Code 44870			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 376 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J. FEDOR</b>		Date of Receipt
Mailing Address 2340 Dewey Lane		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Enola	PA	17025
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282644</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	FIELD EDUCATION COORDINATOR II	<input type="text" value="90.79"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="697.84"/>	

Full Name (Last, First, Middle Initial) <b>B. PAULETTE A. FELD</b>		Date of Receipt
Mailing Address 416 W 5th Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oshkosh	WI	54902
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.284949</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WI CN 24/STATE OF WI	IS NETWORK SUP TECH I	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="559.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PAULETTE A. FELD</b>		Date of Receipt
Mailing Address 416 W 5th Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oshkosh	WI	54902
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.284950</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WI CN 24/STATE OF WI	IS NETWORK SUP TECH I	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="579.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.79"/>
<b>TOTAL</b> 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 377 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAULETTE A. FELD</b>			Date of Receipt
Mailing Address 416 W 5th Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284951</b>
Oshkosh	WI	54902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	IS NETWORK SUP TECH I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="599.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KAREN L. FELKNER</b>			Date of Receipt
Mailing Address 312 N 1st Street			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285371</b>
Villa Grove	IL	61956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="31.35"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	ACCOUNT TECH II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.90"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KAREN L. FELKNER</b>			Date of Receipt
Mailing Address 312 N 1st Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285493</b>
Villa Grove	IL	61956	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.45"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	ACCOUNT TECH II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.35"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.80"/>
<b>TOTAL</b> 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 378 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RICHARD M. FELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5480 Wisconsin Avenue  
 Apt. 1017  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1252.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281585**  
 Amount of Each Receipt this Period  
 56.94

**B. RICHARD M. FELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5480 Wisconsin Avenue  
 Apt. 1017  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1309.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281779**  
 Amount of Each Receipt this Period  
 56.94

**C. RICHARD M. FELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5480 Wisconsin Avenue  
 Apt. 1017  
 City Chevy Chase State MD Zip Code 20815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1366.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281971**  
 Amount of Each Receipt this Period  
 56.94

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.82
<b>TOTAL</b> This Period (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 379 OF 1358
	<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. SUSANNA FENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3843 Libby Road NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284081**

Amount of Each Receipt this Period  
20.00

**B. SUSANNA FENNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3843 Libby Road NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284130**

Amount of Each Receipt this Period  
20.00

**C. CRAIG D. FERGUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3029 FAIRFAX AVENUE

City SAN JOSE	State CA	Zip Code 95148
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287680**

Amount of Each Receipt this Period  
200.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	240.40
<b>TOTAL</b> This Period (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 380 OF 1358
	<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. CRAIG D. FERGUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3029 FAIRFAX AVENUE

City SAN JOSE State CA Zip Code 95148

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **217.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.287678**

Amount of Each Receipt this Period  
**16.70**

**B. ANGELA FERRITTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1053 Newton Avenue

City Erie State PA Zip Code 16511

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.86**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282645**

Amount of Each Receipt this Period  
**38.18**

**C. MICHELLE S. FICKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 218th Street

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286522**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>94.88</b>
<b>TOTAL</b> This Period (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 381 OF 1358
	<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. MICHELLE S. FICKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 218th Street

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286392**

Amount of Each Receipt this Period 10.00

**B. DERRICK E FIELDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 703 Fairwood Avenue

City Columbus State OH Zip Code 43205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.282307**

Amount of Each Receipt this Period 12.50

**C. DERRICK E FIELDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 703 Fairwood Avenue

City Columbus State OH Zip Code 43205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.282338**

Amount of Each Receipt this Period 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 35.00

**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 382 OF 1358
	<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. JOHN J. FILAK Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6160 Clingan Road

City Poland	State OH	Zip Code 44514
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **954.85**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284339**

Amount of Each Receipt this Period  

87.32
-------

**B. DAVID FILLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Exective Park Drive

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1794.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.284168**

Amount of Each Receipt this Period  

14.00
-------

**C. DAVID FILLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Exective Park Drive

City Harrisburg	State PA	Zip Code 17111
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2010.15**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282646**

Amount of Each Receipt this Period  

215.40
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>316.72</b>
<b>TOTAL</b> This Period (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 383 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. DAVID FILLMAN</b>		Date of Receipt
Mailing Address 4031 Exective Park Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.284198</b>
Harrisburg	PA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="14.00"/>
17111		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME PA CN 13	EXECUTIVE DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2024.15"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ELISABETH F. FINCHER-HUYCK</b>		Date of Receipt
Mailing Address 8705 NW Thicket Lane		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.285158</b>
Terrebonne	OR	Amount of Each Receipt this Period
Zip Code		<input type="text" value="25.00"/>
97760		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	WATER METER TECHNICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ELISABETH F. FINCHER-HUYCK</b>		Date of Receipt
Mailing Address 8705 NW Thicket Lane		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.285264</b>
Terrebonne	OR	Amount of Each Receipt this Period
Zip Code		<input type="text" value="25.00"/>
97760		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	WATER METER TECHNICIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="64.00"/>
<b>TOTAL</b> 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 384 OF 1358
	<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. NANCY J. FINNERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 441 Windet Ridge Road  
 City Yorkville State IL Zip Code 60560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285372**  
 Amount of Each Receipt this Period  
 20.90

**B. NANCY J. FINNERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 441 Windet Ridge Road  
 City Yorkville State IL Zip Code 60560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD WELFARE TECH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.80

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285494**  
 Amount of Each Receipt this Period  
 10.45

**C. DIANE FIRKUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44935 Deerfield Road  
 City Sturgeon Lake State MN Zip Code 55783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284471**  
 Amount of Each Receipt this Period  
 52.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	83.35
<b>TOTAL</b> This Period (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 385 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. GERALD FIRKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 44935 Deerfield Road

City Sturgeon Lake State MN Zip Code 55783-3616

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.25

Date of Receipt  
11 / 30 / 2012  
Transaction ID : SA11AI.286661

Amount of Each Receipt this Period  
40.74

**B. GERALD FIRKUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 44935 Deerfield Road

City Sturgeon Lake State MN Zip Code 55783-3616

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 503.99

Date of Receipt  
12 / 28 / 2012  
Transaction ID : SA11AI.286717

Amount of Each Receipt this Period  
40.74

**C. MICHAEL FISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 429 20th Street

City Cloquet State MN Zip Code 55720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
11 / 30 / 2012  
Transaction ID : SA11AI.286663

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 1358
	<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. MICHAEL FISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 429 20th Street

City Cloquet State MN Zip Code 55720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
12 / 28 / 2012  
Transaction ID : SA11AI.286719

Amount of Each Receipt this Period  
30.00

**B. TODD R. FISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 N. Willow Street

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
11 / 30 / 2012  
Transaction ID : SA11AI.283029

Amount of Each Receipt this Period  
10.00

**C. TODD R. FISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 N. Willow Street

City Kent State OH Zip Code 44240

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 14 / 2012  
Transaction ID : SA11AI.283397

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 387 OF 1358
	<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. TODD R. FISHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 219 N. Willow Street

City	State	Zip Code
Kent	OH	44240

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ENVIRONMENTAL SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283760**

Amount of Each Receipt this Period  

63.07
-------

**B. DEBORAH L. FLAHERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 662 Grayton Road

City	State	Zip Code
Berea	OH	44017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4/STRONGSVILLE	CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282428**

Amount of Each Receipt this Period  

9.62
------

**C. CHRISTOPHER C. FLEMING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2351 Huntington Station Court

City	State	Zip Code
Alexandria	VA	22303

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ASSISTANT DIRECTOR MEDIA OUTREACH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **939.66**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281586**

Amount of Each Receipt this Period  

43.45
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>63.07</b>
<b>TOTAL</b> This Period (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 388 OF 1358
	<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. CHRISTOPHER C. FLEMING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2351 Huntington Station Court

City Alexandria	State VA	Zip Code 22303
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR MEDIA OUTREACH
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **983.11**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		11		2012

**Transaction ID : SA11AI.281780**

Amount of Each Receipt this Period  

43.45
-------

**B. CHRISTOPHER C. FLEMING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2351 Huntington Station Court

City Alexandria	State VA	Zip Code 22303
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR MEDIA OUTREACH
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1026.56**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		21		2012

**Transaction ID : SA11AI.281972**

Amount of Each Receipt this Period  

43.45
-------

**C. RICHARD A. FLEMING**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 359

City Kapowsin	State WA	Zip Code 98344
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2012

**Transaction ID : SA11AI.285661**

Amount of Each Receipt this Period  

10.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.40</b>
<b>TOTAL</b> This Period (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 389 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RICHARD A. FLEMING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 359  
 City Kapowsin State WA Zip Code 98344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285939**  
 Amount of Each Receipt this Period  
 10.50

**B. PARENTHIA A. FLONNOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4768 Derbyshire Drive  
 City North Randall State OH Zip Code 44128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283031**  
 Amount of Each Receipt this Period  
 10.00

**C. PARENTHIA A. FLONNOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4768 Derbyshire Drive  
 City North Randall State OH Zip Code 44128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283399**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.50
<b>TOTAL</b> This Period (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 390 OF 1358
	<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. PARENTHIA A. FLONNOY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4768 Derbyshire Drive  
 City North Randall State OH Zip Code 44128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283762**  
 Amount of Each Receipt this Period 10.00

**B. VERDEL L FLORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3847 Westside Avenue  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287030**  
 Amount of Each Receipt this Period 20.00

**C. VERDEL L FLORES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3847 Westside Avenue  
 City Los Angeles State CA Zip Code 90008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 36/CITY OF LA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2012  
**Transaction ID : SA11AI.286973**  
 Amount of Each Receipt this Period 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 391 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. VERDEL L FLORES</b>		Date of Receipt
Mailing Address 3847 Westside Avenue		M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012
City	State	Zip Code
Los Angeles	CA	90008
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.286992</b>
Name of Employer AFSCME CA CN 36/CITY OF LA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	230.00	

Full Name (Last, First, Middle Initial) <b>B. YVONNE FLORES</b>		Date of Receipt
Mailing Address 5511 A Cork Path		M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012
City	State	Zip Code
Austin	TX	78745
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.286874</b>
Name of Employer AFSCME TX LOC 1624/TRAVIS CNTY		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	267.00	

Full Name (Last, First, Middle Initial) <b>C. YVONNE FLORES</b>		Date of Receipt
Mailing Address 5511 A Cork Path		M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012
City	State	Zip Code
Austin	TX	78745
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.286875</b>
Name of Employer AFSCME TX LOC 1624/TRAVIS CNTY		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	297.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<b>TOTAL</b> This Period (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 392 OF 1358
	<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. YVONNE FLORES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5511 A Cork Path

City Austin State TX Zip Code 78745

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624/TRAVIS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.00

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.286876**

Amount of Each Receipt this Period 30.00

**B. LINDA M. FLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7341 Emerald Tree Drive

City Canal Winchester State OH Zip Code 41220

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 406.38

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.282308**

Amount of Each Receipt this Period 15.63

**C. LINDA M. FLOYD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7341 Emerald Tree Drive

City Canal Winchester State OH Zip Code 41220

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 422.01

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.282339**

Amount of Each Receipt this Period 15.63

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.26

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 393 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LARRY FLUE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285662</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.50	

Full Name (Last, First, Middle Initial) <b>B. LARRY FLUE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285940</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>C. NANETTE M. FOLSOM</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282156</b>
Mailing Address 5631 Swan Avenue ne		Amount of Each Receipt this Period 50.00
City North Canton	State OH	Zip Code 44721
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 394 OF 1358
	(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"/> 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. NANETTE M. FOLSOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 5631 Swan Avenue ne

City	State	Zip Code
North Canton	OH	44721

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4	FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282213**

Amount of Each Receipt this Period  

25.00
-------

**B. NANETTE M. FOLSOM**  
Full Name (Last, First, Middle Initial)

Mailing Address 5631 Swan Avenue ne

City	State	Zip Code
North Canton	OH	44721

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4	FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282268**

Amount of Each Receipt this Period  

25.00
-------

**C. G JAMAL M. FORD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4919 Zimmer Drive

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **406.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282309**

Amount of Each Receipt this Period  

15.63
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.63</b>
<b>TOTAL</b> This Period (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 395 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. G JAMAL M. FORD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 4919 Zimmer Drive		<b>Transaction ID : SA11AI.282340</b>
City Columbus	State OH	Zip Code 43232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.63
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.01	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A. FORNEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012
Mailing Address 2027 14th Street N.E.		<b>Transaction ID : SA11AI.286523</b>
City Independence	State IA	Zip Code 50644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.64
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.61	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A. FORNEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012
Mailing Address 2027 14th Street N.E.		<b>Transaction ID : SA11AI.286393</b>
City Independence	State IA	Zip Code 50644
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.41
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.02	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.68
<b>TOTAL</b> This Period (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 396 OF 1358
	<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	<input type="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. SARA J. FORNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2027 14th Street NE

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.61

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286524**

Amount of Each Receipt this Period 41.64

**B. SARA J. FORNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2027 14th Street NE

City Independence State IA Zip Code 50644

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.02

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286394**

Amount of Each Receipt this Period 10.41

**C. BENJAMIN FORSTENZER**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.284435**

Amount of Each Receipt this Period 62.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 114.55

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 397 OF 1358
	(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"/> 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. JEFFREY S. FOWLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7664 Hinton Avenue South  
Apt. #9

City State Zip Code  
Cottage Grove MN 55016

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 ▼  
653.23

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284472**

Amount of Each Receipt this Period  
54.44

**B. MICHAEL E. FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City State Zip Code  
Harrisburg PA 17110-3044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13 COUNCIL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3076.65

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.284169**

Amount of Each Receipt this Period  
70.00

**C. MICHAEL E. FOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3818 Sheffield Lane

City State Zip Code  
Harrisburg PA 17110-3044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13 COUNCIL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3423.69

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.282648**

Amount of Each Receipt this Period  
347.04

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	471.48
<b>TOTAL</b> This Period (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 398 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL E. FOX</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284199</b>		
Mailing Address 3818 Sheffield Lane			Amount of Each Receipt this Period 70.00		
City Harrisburg	State PA	Zip Code 17110-3044			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME PA CN 13		Occupation COUNCIL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3493.69			

Full Name (Last, First, Middle Initial) <b>B. SUZANNE M. FOX</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282430</b>		
Mailing Address 4200 Chestnut Hills Road			Amount of Each Receipt this Period 9.62		
City Newark	State OH	Zip Code 43055			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/NEWARK CITY		Occupation EDUCATIONAL/TEACHER AIDE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 272.78			

Full Name (Last, First, Middle Initial) <b>C. SUZANNE M. FOX</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.282431</b>		
Mailing Address 4200 Chestnut Hills Road			Amount of Each Receipt this Period 19.24		
City Newark	State OH	Zip Code 43055			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/NEWARK CITY		Occupation EDUCATIONAL/TEACHER AIDE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 292.02			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.86
<b>TOTAL</b> This Period (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 399 OF 1358
	<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. MICHAEL G. FRAISE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3363 190th Street

City Fort Madison	State IA	Zip Code 52627
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286525**

Amount of Each Receipt this Period  

88.00
-------

**60.00**

**B. MICHAEL G. FRAISE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3363 190th Street

City Fort Madison	State IA	Zip Code 52627
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286395**

Amount of Each Receipt this Period  

15.00
-------

**15.00**

**C. MICHAEL C. FRANCIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4094 Hillman Ford Road

City Morral	State OH	Zip Code 43337
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283653**

Amount of Each Receipt this Period  

13.00
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**13.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>88.00</b>
<b>TOTAL</b> This Period (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 400 OF 1358
	<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. MICHAEL C. FRANCIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4094 Hillman Ford Road

City Morral State OH Zip Code 43337

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284016**

Amount of Each Receipt this Period 13.00

**B. WALTER FRANCIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Cypress Rd.

City Wilmington State DE Zip Code 19810

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 798.36

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282649**

Amount of Each Receipt this Period 84.63

**C. RODOLFO FRANCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4526 Delridge Way SW

City Seattle State WA Zip Code 98106

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286192**

Amount of Each Receipt this Period 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.13

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 401 OF 1358
	<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. RODOLFO FRANCO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4526 Delridge Way SW

City Seattle	State WA	Zip Code 98106
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.286179**

Amount of Each Receipt this Period  
10.50

**B. GARETH J. FRANK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2309 Parkway

City Cheverly	State MD	Zip Code 20785
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
695.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.282123**

Amount of Each Receipt this Period  
77.40

**C. DENNIS D. FRAZIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City Zim	State MN	Zip Code 55738
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST. LOUIS CNTY	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286847**

Amount of Each Receipt this Period  
115.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	202.90
<b>TOTAL</b> This Period (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 402 OF 1358
	<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. DENNIS D. FRAZIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City State Zip Code  
Zim MN 55738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/ST. LOUIS CNTY STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.286816**

Amount of Each Receipt this Period  
15.00

**B. DENNIS D. FRAZIER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2677 Greenfield Drive

City State Zip Code  
Zim MN 55738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/ST. LOUIS CNTY STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.286817**

Amount of Each Receipt this Period  
15.00

**C. ANGELA FROEBE**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MD CN 982 STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.08

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012  
**Transaction ID : SA11AI.284436**

Amount of Each Receipt this Period  
30.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.84

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 403 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CATHRIN E. FRYE</b>			Date of Receipt
Mailing Address P.O. Box 252			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285664</b>
So. Prairie	WA	98385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CATHRIN E. FRYE</b>			Date of Receipt
Mailing Address P.O. Box 252			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285942</b>
So. Prairie	WA	98385	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JAMES E. FRYE</b>			Date of Receipt
Mailing Address 11510 Waesche Drive			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281587</b>
Bowie	MD	20721	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.19"/>
Name of Employer	Occupation		
AFSCME INT'L	STAFF SPECIALIST II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="760.76"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="56.19"/>
<b>TOTAL</b> 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 404 OF 1358
	<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. JAMES E. FRYE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11510 Waesche Drive

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **795.95**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281781**

Amount of Each Receipt this Period **35.19**

**B. JAMES E. FRYE**  
Full Name (Last, First, Middle Initial)

Mailing Address 11510 Waesche Drive

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation STAFF SPECIALIST II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **831.14**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.281973**

Amount of Each Receipt this Period **35.19**

**C. MARK J. FRYMOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 518 Reuel Avenue

City Kellogg State IA Zip Code 50134

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **12 / 13 / 2012**

**Transaction ID : SA11AI.284390**

Amount of Each Receipt this Period **60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **130.38**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 405 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRIAN FUITEN</b>		Date of Receipt
Mailing Address 445 Mayfair Drive		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lincoln	IL	62656
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.284854</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31	DATA PROCESSING SPECIALIST	<input type="text" value="76.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="841.50"/>	

Full Name (Last, First, Middle Initial) <b>B. BRIAN FUITEN</b>		Date of Receipt
Mailing Address 445 Mayfair Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lincoln	IL	62656
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.284672</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31	DATA PROCESSING SPECIALIST	<input type="text" value="76.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="918.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GAIL FUJIMOTO</b>		Date of Receipt
Mailing Address 888 Mililani Street Suite 601		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Honolulu	HI	96813-2991
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.285038</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME HI LOC 152	STAFF REPRESENTATIVE	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="178.00"/>
<b>TOTAL</b> 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 406 OF 1358
	<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. SEAN FULKERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive  
Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
745.14

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284855**

Amount of Each Receipt this Period  
67.74

**B. SEAN FULKERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive  
Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
812.88

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284673**

Amount of Each Receipt this Period  
67.74

**C. CHRISTOPHER B. FULLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Wilber Avenue

City Columbus State OH Zip Code 43215

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.282310**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 407 OF 1358
	<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. CHRISTOPHER B. FULLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Wilber Avenue

City Columbus	State OH	Zip Code 43215
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282341**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

**B. LAUREL FULMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 Blue Ribbon Avenue

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282822**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											20.00

**C. AMY H. GALATIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11072 Sospel Place

City Las Vegas	State NV	Zip Code 89141
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1010.97**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281588**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											39.21

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>84.21</b>
<b>TOTAL</b> This Period (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 408 OF 1358
	<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. AMY H. GALATIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11072 Sospel Place

City Las Vegas State NV Zip Code 89141

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281782**

Amount of Each Receipt this Period  
 39.21

**B. AMY H. GALATIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11072 Sospel Place

City Las Vegas State NV Zip Code 89141

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1089.39

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281974**

Amount of Each Receipt this Period  
 39.21

**C. KERRI GALLAGHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 South Main Street

City Mountain Top State PA Zip Code 18707

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282650**

Amount of Each Receipt this Period  
 84.63

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 163.05

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 409 OF 1358
	(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"/> 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. JOHN GALUSKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Green Vista Drive

City Pittsburgh State PA Zip Code 15237

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282651**

Amount of Each Receipt this Period  
 67.70

**B. PAUL H. GAMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 47390 Acacia Trail

City Stanchfield State MN Zip Code 55080

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286664**

Amount of Each Receipt this Period  
 40.00

**C. PAUL H. GAMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 47390 Acacia Trail

City Stanchfield State MN Zip Code 55080

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286720**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LEO J. GANSEN</b>			Date of Receipt
Mailing Address 7357 Placid Road			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286527</b>
Epworth	IA	52045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.64"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LEO J. GANSEN</b>			Date of Receipt
Mailing Address 7357 Placid Road			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286397</b>
Epworth	IA	52045	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DEBRA L. GARCIA</b>			Date of Receipt
Mailing Address 449 College Avenue			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281589</b>
Richmond	IN	47374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="57.43"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1279.75"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="109.48"/>
<b>TOTAL</b> 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 411 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DEBRA L. GARCIA</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281783</b>		
Mailing Address 449 College Avenue			Amount of Each Receipt this Period 57.43		
City Richmond	State IN	Zip Code 47374			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1337.18			

Full Name (Last, First, Middle Initial) <b>B. DEBRA L. GARCIA</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281975</b>		
Mailing Address 449 College Avenue			Amount of Each Receipt this Period 57.43		
City Richmond	State IN	Zip Code 47374			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1394.61			

Full Name (Last, First, Middle Initial) <b>C. DONALD GARDNER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284238</b>		
Mailing Address 513 E. Main			Amount of Each Receipt this Period 10.00		
City Flushing	State MI	Zip Code 48433			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	124.86
<b>TOTAL</b> This Period (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 412 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. DONALD GARDNER</b>			Date of Receipt
Mailing Address 513 E. Main			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284287</b>
Flushing	MI	48433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GREGORY N. GARDNER</b>			Date of Receipt
Mailing Address 1430 Chestnut Street			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282437</b>
Dover	OH	44622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/CANTON CITY	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JAMES M. GARITY</b>			Date of Receipt
Mailing Address 8033 Excelsior Drive #B			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287602</b>
Madison	WI	53717-1903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.24"/>
<b>TOTAL</b> 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 413 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JAMES M. GARITY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8033 Excelsior Drive  
 #B  
 City Madison State WI Zip Code 53717-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287601**  
 Amount of Each Receipt this Period  
 25.00

**B. ALBERT GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18491 Lauder  
 City Detroit State MI Zip Code 48232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2780.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284239**  
 Amount of Each Receipt this Period  
 117.83

**C. ALBERT GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18491 Lauder  
 City Detroit State MI Zip Code 48232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2897.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284288**  
 Amount of Each Receipt this Period  
 117.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.66
<b>TOTAL</b> This Period (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 414 OF 1358
	<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. ANTHONY D. GARRETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1186 La Croix Avenue

City Akron State OH Zip Code 44307

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation HEALTH INFORMATION TECHNICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283766**

Amount of Each Receipt this Period 8.00

**B. AUSTIN GARRETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.10

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284240**

Amount of Each Receipt this Period 25.68

**C. AUSTIN GARRETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.78

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.284289**

Amount of Each Receipt this Period 25.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.36

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 415 OF 1358  
(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. ROBERT A. GARRETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5621 Wigmore Drive  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 449.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284340**  
 Amount of Each Receipt this Period  
 51.74

**B. JOHN H GARRETT SR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3560 Wymore Place  
 City Columbus State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282311**  
 Amount of Each Receipt this Period  
 12.50

**C. JOHN H GARRETT SR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3560 Wymore Place  
 City Columbus State OH Zip Code 43232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282342**  
 Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.74  
**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: (check only one)	PAGE 416 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KATHLEEN P. GARRISON</b>			Date of Receipt
Mailing Address 9 Kings Road			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286206</b>
Ganesvoort	NY	12831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="80.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN P. GARRISON</b>			Date of Receipt
Mailing Address 9 Kings Road			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286220</b>
Ganesvoort	NY	12831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN P. GARRISON</b>			Date of Receipt
Mailing Address 9 Kings Road			<input type="text" value="M M"/> / <input type="text" value="D D"/> / <input type="text" value="Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286234</b>
Ganesvoort	NY	12831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000	VICE PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> 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 417 OF 1358  
(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. RICHARD B. GARRISON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 818 Meredith Street  
 City Dayton State OH Zip Code 45402  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283767**  
 Amount of Each Receipt this Period 100.00

**B. DAVID GASH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 226 Hartley Road  
 City Hershey State PA Zip Code 17033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 877.92

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282652**  
 Amount of Each Receipt this Period 73.16

**C. JON A. GASPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 4251  
 City Honolulu State HI Zip Code 96812-4251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 316.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285039**  
 Amount of Each Receipt this Period 21.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 104.16  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 418 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J. GASS</b>		Date of Receipt
Mailing Address 6602 SE Sundancer		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Pleasant Hill State IA Zip Code 50327		<b>Transaction ID : SA11AI.286528</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.64"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="218.61"/>	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J. GASS</b>		Date of Receipt
Mailing Address 6602 SE Sundancer		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Pleasant Hill State IA Zip Code 50327		<b>Transaction ID : SA11AI.286398</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.41"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="229.02"/>	

Full Name (Last, First, Middle Initial) <b>C. ALLEN B. GASTON</b>		Date of Receipt
Mailing Address 341 W. Union Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Shelocta State PA Zip Code 15774		<b>Transaction ID : SA11AI.282744</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="72.05"/>
<b>TOTAL</b> 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 419 OF 1358
	<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. ALLEN B. GASTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 341 W. Union Road

City Shelocta State PA Zip Code 15774

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282823**

Amount of Each Receipt this Period 20.00

**B. DANIEL R. GATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286529**

Amount of Each Receipt this Period 38.48

**C. DANIEL R. GATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286399**

Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.10

**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 420 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JUDITH E. GATLIN</b>			Date of Receipt
Mailing Address 2007 Manor Court			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284952</b>
Eau Claire	WI	54703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	ACADEMIC DEPT ASSOC. B		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JUDITH E. GATLIN</b>			Date of Receipt
Mailing Address 2007 Manor Court			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284953</b>
Eau Claire	WI	54703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	ACADEMIC DEPT ASSOC. B		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JUDITH E. GATLIN</b>			Date of Receipt
Mailing Address 2007 Manor Court			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284954</b>
Eau Claire	WI	54703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	ACADEMIC DEPT ASSOC. B		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 421 OF 1358  
(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. ALANNA L. GEHR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 901 Frederick Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286180**  
 Amount of Each Receipt this Period  
 10.00

**B. RYAN GENOVESE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1410 Bush Street Suite A  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 67 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 580.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284415**  
 Amount of Each Receipt this Period  
 50.44

**C. SOPHIA S. GENUS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 VINLEN DRIVE  
 City WINDSOR State CT Zip Code 06095  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287420**  
 Amount of Each Receipt this Period  
 8.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.44  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 422 OF 1358
	<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. KEVIN GEORGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 River Pebble Drive

City Blacklick State OH Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283038**

Amount of Each Receipt this Period  
 10.00

**B. KEVIN GEORGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 River Pebble Drive

City Blacklick State OH Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283406**

Amount of Each Receipt this Period  
 10.00

**C. KEVIN GEORGE**  
Full Name (Last, First, Middle Initial)

Mailing Address 527 River Pebble Drive

City Blacklick State OH Zip Code 43004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283769**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. RAGLAN GEORGE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.284170</b>
Mailing Address 75 Varick Street Suite #1404		Amount of Each Receipt this Period 14.00
City New York	State NY	
Zip Code 10013-9902		Aggregate Year-to-Date ▼ 1207.36
FEC ID number of contributing federal political committee. C		
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) ▼

Full Name (Last, First, Middle Initial) <b>B. RAGLAN GEORGE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.286911</b>
Mailing Address 75 Varick Street Suite #1404		Amount of Each Receipt this Period 95.76
City New York	State NY	
Zip Code 10013-9902		Aggregate Year-to-Date ▼ 1303.12
FEC ID number of contributing federal political committee. C		
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) ▼

Full Name (Last, First, Middle Initial) <b>C. RAGLAN GEORGE Jr.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284200</b>
Mailing Address 75 Varick Street Suite #1404		Amount of Each Receipt this Period 14.00
City New York	State NY	
Zip Code 10013-9902		Aggregate Year-to-Date ▼ 1317.12
FEC ID number of contributing federal political committee. C		
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) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	123.76
<b>TOTAL</b> This Period (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 424 OF 1358
	<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. RAGLAN GEORGE Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 75 Varick Street  
 Suite #1404  
 City New York State NY Zip Code 10013-9902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY CN 1707 Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1412.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286912**  
 Amount of Each Receipt this Period  
 95.76

**B. MICHAEL GERAGHTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 143 Washington Avenue  
 City Albany State NY Zip Code 12210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286207**  
 Amount of Each Receipt this Period  
 38.48

**C. MICHAEL GERAGHTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 143 Washington Avenue  
 City Albany State NY Zip Code 12210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286221**  
 Amount of Each Receipt this Period  
 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 143.86  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 425 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. MICHAEL GERAGHTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 143 Washington Avenue  
 City Albany State NY Zip Code 12210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.286235**  
 Amount of Each Receipt this Period  
 9.62

**B. DIANA L. GERVELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286530**  
 Amount of Each Receipt this Period  
 41.64

**C. DIANA L. GERVELER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286400**  
 Amount of Each Receipt this Period  
 10.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.67
<b>TOTAL</b> This Period (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 426 OF 1358  
(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. THOMAS GIBBS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 152 Upper Claar Rd.  
 City Claysburg State PA Zip Code 16625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 914.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282653**  
 Amount of Each Receipt this Period  
 109.74

**B. CRAIG W. GIBELYOU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10905 132nd Street E  
 City Puyallup State WA Zip Code 98374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285666**  
 Amount of Each Receipt this Period  
 21.00

**C. CRAIG W. GIBELYOU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10905 132nd Street E  
 City Puyallup State WA Zip Code 98374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285944**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.74  
**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: (check only one)	PAGE 427 OF 1358
	<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. CHERYL A. GIBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
517.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286531**

Amount of Each Receipt this Period  
98.48

**B. CHERYL A. GIBSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
541.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286401**

Amount of Each Receipt this Period  
24.62

**C. LEE W. GIERKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive #B

City Madison	State WI	Zip Code 53717-1903
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287605**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	223.10
<b>TOTAL</b> This Period (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 428 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LEE W. GIERKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive  
#B

City Madison State WI Zip Code 53717-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : SA11AI.287603**

Amount of Each Receipt this Period  
50.00

**B. KAREN GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 12710 Wycklow Drive

City Clifton State VA Zip Code 20124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PROJECT TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.281591**

Amount of Each Receipt this Period  
10.00

**C. KAREN GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 12710 Wycklow Drive

City Clifton State VA Zip Code 20124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PROJECT TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012  
**Transaction ID : SA11AI.281785**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 429 OF 1358
	<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. KAREN GILBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 12710 Wycklow Drive

City Clifton State VA Zip Code 20124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation PROJECT TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281977**

Amount of Each Receipt this Period  
 10.00

**B. DELLA L. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283042**

Amount of Each Receipt this Period  
 10.00

**C. DELLA L. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283410**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 430 OF 1358
	<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. DELLA L. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1265 Manchester Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation DATA ENTRY OPERATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283773**

Amount of Each Receipt this Period 100.00

**B. LENORA R. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 40778 Boyd Road

City Wellsville State OH Zip Code 43968

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282157**

Amount of Each Receipt this Period 40.00

**C. LENORA R. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 40778 Boyd Road

City Wellsville State OH Zip Code 43968

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282214**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 431 OF 1358
<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. LENORA R. GILES**  
Full Name (Last, First, Middle Initial)

Mailing Address 40778 Boyd Road

City Wellsville State OH Zip Code 43968

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.282269**

Amount of Each Receipt this Period **20.00**

**B. KAREN GILGOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Van Ness Street NW #W1023

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1754.28**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281592**

Amount of Each Receipt this Period **79.74**

**C. KAREN GILGOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Van Ness Street NW #W1023

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1834.02**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281786**

Amount of Each Receipt this Period **79.74**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>179.48</b>
<b>TOTAL</b> This Period (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 432 OF 1358
	<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. KAREN GILGOFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Van Ness Street NW  
#W1023

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1915.12

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.281978**

Amount of Each Receipt this Period  
81.10

**B. CARLA GILLESPIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Blair Street

City Alton State IL Zip Code 62002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
472.08

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2012  
**Transaction ID : SA11AI.284856**

Amount of Each Receipt this Period  
55.86

**C. CARLA GILLESPIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Blair Street

City Alton State IL Zip Code 62002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.94

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.284674**

Amount of Each Receipt this Period  
55.86

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.82
<b>TOTAL</b> This Period (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 433 OF 1358
<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. GARY L. GILLESPIE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1

City Eugene State OR Zip Code 97440

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CUST ACCTS SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.285159**

Amount of Each Receipt this Period **30.00**

**B. GARY L. GILLESPIE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1

City Eugene State OR Zip Code 97440

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CUST ACCTS SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285265**

Amount of Each Receipt this Period **30.00**

**C. DOROTHY L. GILLIAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Waterford Drive

City District Heights State MD Zip Code 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **912.68**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281593**

Amount of Each Receipt this Period **39.05**

**SUBTOTAL** of Receipts This Page (optional)..... **99.05**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 1358
	<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. DOROTHY L. GILLIAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Waterford Drive

City State Zip Code  
District Heights MD 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME INT'L EXECUTIVE OFFICE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**951.73**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281787**

Amount of Each Receipt this Period  
**39.05**

**B. DOROTHY L. GILLIAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1216 Waterford Drive

City State Zip Code  
District Heights MD 20747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME INT'L EXECUTIVE OFFICE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**990.78**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.281979**

Amount of Each Receipt this Period  
**39.05**

**C. CHERYL A. GILMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2608 Naylor Road SE #301

City State Zip Code  
Washington DC 20020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME INT'L ADMINISTRATIVE ASSISTANT II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**794.99**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281595**

Amount of Each Receipt this Period  
**34.08**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **112.18**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 435 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHERYL A. GILMORE</b>		Date of Receipt
Mailing Address 2608 Naylor Road SE #301		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20020
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281789</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ADMINISTRATIVE ASSISTANT II		<input type="text" value="34.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="829.07"/>	

Full Name (Last, First, Middle Initial) <b>B. CHERYL A. GILMORE</b>		Date of Receipt
Mailing Address 2608 Naylor Road SE #301		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Washington	State DC	Zip Code 20020
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281981</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ADMINISTRATIVE ASSISTANT II		<input type="text" value="34.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="863.15"/>	

Full Name (Last, First, Middle Initial) <b>C. DENISE GILMORE</b>		Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284437</b>
Name of Employer AFSCME MD CN 982		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="42.08"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="504.96"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.24"/>
<b>TOTAL</b> 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 436 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. STEVE GIORGI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8386 Gardenia Street  
 City Virginia State MN Zip Code 55792  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 976.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284518**  
 Amount of Each Receipt this Period  
 79.69

**B. MARK T. GIPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2961 SW Champlain Drive  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285160**  
 Amount of Each Receipt this Period  
 20.00

**C. MARK T. GIPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2961 SW Champlain Drive  
 City Portland State OR Zip Code 97205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285266**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	119.69
<b>TOTAL</b> This Period (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 437 OF 1358
	<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. PORTIA ANN GIVEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ashgrove Place  
Unit 3

City Albany State NY Zip Code 12202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286298**

Amount of Each Receipt this Period  
9.24

**B. PORTIA ANN GIVEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ashgrove Place  
Unit 3

City Albany State NY Zip Code 12202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
221.26

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.286305**

Amount of Each Receipt this Period  
9.62

**C. PORTIA ANN GIVEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Ashgrove Place  
Unit 3

City Albany State NY Zip Code 12202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  
12 / 19 / 2012  
**Transaction ID : SA11AI.286312**

Amount of Each Receipt this Period  
9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 38.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 438 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TODD O. GIVENS</b>		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Des Moines State IA Zip Code 50313		<b>Transaction ID : SA11AI.286532</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.48"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202.02"/>	

Full Name (Last, First, Middle Initial) <b>B. TODD O. GIVENS</b>		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Des Moines State IA Zip Code 50313		<b>Transaction ID : SA11AI.286402</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="211.64"/>	

Full Name (Last, First, Middle Initial) <b>C. ROGER GLADDEN</b>		Date of Receipt
Mailing Address 3412 Knipp Drive Suite 102		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Jefferson City State MO Zip Code 65109		<b>Transaction ID : SA11AI.284538</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="18.75"/>
Name of Employer AFSCME MO CN 72	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="412.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="66.85"/>
<b>TOTAL</b> 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 439 OF 1358
<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. JANICE K. GLENN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1786 Larkwood Place

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CLAIMS EXAMINER IV
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284033**

Amount of Each Receipt this Period  

9.00
------

**B. JANICE K. GLENN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1786 Larkwood Place

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CLAIMS EXAMINER IV
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283046**

Amount of Each Receipt this Period  

10.00
-------

**C. JANICE K. GLENN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1786 Larkwood Place

City Columbus	State OH	Zip Code 43229
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CLAIMS EXAMINER IV
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283414**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>29.00</b>
<b>TOTAL</b> This Period (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 440 OF 1358
	<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. JANICE K. GLENN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1786 Larkwood Place

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CLAIMS EXAMINER IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283777**

Amount of Each Receipt this Period 10.00

**B. PATRICIA M. GLYNN**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Aberdeen Avenue

City Cambridge State MA Zip Code 02138-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1089.71

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.284504**

Amount of Each Receipt this Period 46.25

**C. SHERYL L. GOBLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3411 CR 165

City Cardington State OH Zip Code 43315

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/BUCKEYE VLSD Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282439**

Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.49

**TOTAL** This Period (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 441 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. TERRY L. GOEHRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.61

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286534**  
 Amount of Each Receipt this Period  
 41.64

**B. TERRY L. GOEHRING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286404**  
 Amount of Each Receipt this Period  
 10.41

**C. KATHRYN J. GOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4517 Santa Clara Drive  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SYSTEMS ANALYST II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 279.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285375**  
 Amount of Each Receipt this Period  
 10.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.47
<b>TOTAL</b> This Period (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 442 OF 1358
	<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. KATHRYN J. GOLD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4517 Santa Clara Drive

City Springfield State IL Zip Code 62711

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SYSTEMS ANALYST II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.08

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285497**

Amount of Each Receipt this Period 20.84

**B. MARK GOLDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 74 Ice Pond Road

City Levittown State PA Zip Code 19057

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 877.92

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282654**

Amount of Each Receipt this Period 73.16

**C. RICHARD GOLLIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 900 Randolph Place

City Union State NJ Zip Code 07083-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 52 Occupation EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1185.20

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287515**

Amount of Each Receipt this Period 91.92

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.92

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 443 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RICHARD GOLLIN</b>		Date of Receipt
Mailing Address 900 Randolph Place		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Union NJ 07083-0000		<b>Transaction ID : SA11AI.284171</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="14.00"/>
Name of Employer AFSCME NJ CN 52	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1199.20"/>	

Full Name (Last, First, Middle Initial) <b>B. RICHARD GOLLIN</b>		Date of Receipt
Mailing Address 900 Randolph Place		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Union NJ 07083-0000		<b>Transaction ID : SA11AI.287514</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="239.84"/>
Name of Employer AFSCME NJ CN 52	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1439.04"/>	

Full Name (Last, First, Middle Initial) <b>C. RICHARD GOLLIN</b>		Date of Receipt
Mailing Address 900 Randolph Place		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Union NJ 07083-0000		<b>Transaction ID : SA11AI.284201</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="14.00"/>
Name of Employer AFSCME NJ CN 52	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1453.04"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="267.84"/>
<b>TOTAL</b> 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 444 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SETH GOLLIN</b>		Date of Receipt
Mailing Address 5 Randolph Place Apt. 1C		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Montclair	State NJ	Zip Code 07042-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287517</b>
Name of Employer AFSCME NJ CN 52	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="150.00"/>
	<input type="text" value="550.00"/>	

Full Name (Last, First, Middle Initial) <b>B. SETH GOLLIN</b>		Date of Receipt
Mailing Address 5 Randolph Place Apt. 1C		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Montclair	State NJ	Zip Code 07042-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287516</b>
Name of Employer AFSCME NJ CN 52	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="50.00"/>
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES R. GOLLINGS Jr.</b>		Date of Receipt
Mailing Address 40 Rathbone		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Columbus	State OH	Zip Code 43214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282158</b>
Name of Employer AFSCME OH LOC 4	Occupation FIELD 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="76.94"/>
	<input type="text" value="963.28"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="276.94"/>
<b>TOTAL</b> 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 445 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES R. GOLLINGS Jr.</b>			Date of Receipt
Mailing Address 40 Rathbone			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282215</b>
Columbus	OH	43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.47"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1001.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JAMES R. GOLLINGS Jr.</b>			Date of Receipt
Mailing Address 40 Rathbone			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282270</b>
Columbus	OH	43214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.47"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.22"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ANGELICA U. GONZALES</b>			Date of Receipt
Mailing Address 166 Aloe Court			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285667</b>
Richland	WA	99352	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="87.44"/>
<b>TOTAL</b> 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 446 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ANGELICA U. GONZALES**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 Aloe Court

City Richland State WA Zip Code 99352

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285945**

Amount of Each Receipt this Period 10.50

**B. JESSE GONZALEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285668**

Amount of Each Receipt this Period 10.50

**C. JESSE GONZALEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285946**

Amount of Each Receipt this Period 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 447 OF 1358
	<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. LAURA A. GONZALEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285669**  
 Amount of Each Receipt this Period  
 10.50

**B. LAURA A. GONZALEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285947**  
 Amount of Each Receipt this Period  
 10.50

**C. PHILLIP C. GOODMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Lakeview Road  
 City Taylorville State IL Zip Code 62568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 674.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284857**  
 Amount of Each Receipt this Period  
 61.32

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.32
<b>TOTAL</b> This Period (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 448 OF 1358
	<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. PHILLIP C. GOODMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Lakeview Road

City Taylorville State IL Zip Code 62568

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284675**

Amount of Each Receipt this Period  
**61.32**

**B. ANISSIA GOODWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **980.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.282898**

Amount of Each Receipt this Period  
**66.00**

**C. GARY GORA**  
Full Name (Last, First, Middle Initial)

Mailing Address W22203 Wagner Road

City Trempealeau State WI Zip Code 54661

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

**Transaction ID : SA11AI.286665**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>147.32</b>
<b>TOTAL</b> This Period (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 449 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. GARY GORA</b>			Date of Receipt
Mailing Address W22203 Wagner Road			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286721</b>
Trempealeau	WI	54661	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LAVERNE A. GORDON</b>			Date of Receipt
Mailing Address 4653 E 174th Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283049</b>
Cleveland	OH	44128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LAVERNE A. GORDON</b>			Date of Receipt
Mailing Address 4653 E 174th Street			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283417</b>
Cleveland	OH	44128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 450 OF 1358
	<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. LAVERNE A. GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4653 E 174th Street

City Cleveland	State OH	Zip Code 44128
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283780**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**10.00**

**B. PATRICIA GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Chesbrough Road

City West Roxbury	State MA	Zip Code 02132-0000
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT II
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
558.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281596**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**25.40**

**C. PATRICIA GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Chesbrough Road

City West Roxbury	State MA	Zip Code 02132-0000
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT II
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
584.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281790**

Amount of Each Receipt this Period  

60.00	60.00	60.00	60.00	60.00
-------	-------	-------	-------	-------

**25.40**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.80
<b>TOTAL</b> This Period (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 451 OF 1358
	<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. PATRICIA GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Chesbrough Road

City West Roxbury State MA Zip Code 02132-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **609.60**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.281982**

Amount of Each Receipt this Period **25.40**

**B. PERRY GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1123

City Roy State WA Zip Code 98580

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **698.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.284082**

Amount of Each Receipt this Period **64.00**

**C. PERRY GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1123

City Roy State WA Zip Code 98580

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **762.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.284131**

Amount of Each Receipt this Period **64.00**

**SUBTOTAL** of Receipts This Page (optional)..... **153.40**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 1358
	<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. SHERRYL GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2930 South Broad Street

City State Zip Code  
Trenton NJ 08610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME NJ CN 1 EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**777.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

**Transaction ID : SA11AI.287556**

Amount of Each Receipt this Period  
**58.20**

**B. TIMOTHY A. GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 Wier Street

City State Zip Code  
Muscatine IA 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**218.61**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286535**

Amount of Each Receipt this Period  
**41.64**

**C. TIMOTHY A. GORDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 Wier Street

City State Zip Code  
Muscatine IA 52761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**229.02**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

**Transaction ID : SA11AI.286405**

Amount of Each Receipt this Period  
**10.41**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.25</b>
<b>TOTAL</b> This Period (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 453 OF 1358
<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. WILLIAM H. GORDON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7203 Van Kirk Avenue

City Cincinnati	State OH	Zip Code 45216
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283050**

Amount of Each Receipt this Period  

15.00
-------

**B. WILLIAM H. GORDON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7203 Van Kirk Avenue

City Cincinnati	State OH	Zip Code 45216
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283418**

Amount of Each Receipt this Period  

15.00
-------

**C. WILLIAM H. GORDON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7203 Van Kirk Avenue

City Cincinnati	State OH	Zip Code 45216
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283781**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> This Period (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 454 OF 1358
	<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. ERIN GORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Christopher Lane

City Springfield State IL Zip Code 62712

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **824.34**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284858**

Amount of Each Receipt this Period  
**74.94**

**B. ERIN GORMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Christopher Lane

City Springfield State IL Zip Code 62712

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **899.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284676**

Amount of Each Receipt this Period  
**74.94**

**C. LOTTIE M. GOSHAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 826 Inwood Place

City Columbus State OH Zip Code 43224

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation COOK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282312**

Amount of Each Receipt this Period  
**12.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **162.38**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 455 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LOTTIE M. GOSHAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 826 Inwood Place  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation COOK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282343**  
 Amount of Each Receipt this Period  
 12.50

**B. DANA M. GOUIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 Knox Court  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation SUPPORT STAFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281597**  
 Amount of Each Receipt this Period  
 20.00

**C. DANA M. GOUIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9121 Knox Court  
 City Laurel State MD Zip Code 20723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation SUPPORT STAFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 516.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281791**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.50
<b>TOTAL</b> This Period (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 456 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. DANA M. GOUIN</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281983</b>
Mailing Address 9121 Knox Court			Amount of Each Receipt this Period 20.00
City Laurel	State MD	Zip Code 20723	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation SUPPORT STAFF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 536.00		

Full Name (Last, First, Middle Initial) <b>B. KERRY GRABER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285670</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 12.50
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50		

Full Name (Last, First, Middle Initial) <b>C. KERRY GRABER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285948</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 12.50
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (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 457 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. MARLENE ANTOINETTE GRAHAM</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.287423</b>		
Mailing Address 501 CRESCENT ST			Amount of Each Receipt this Period 8.00		
City NEW HAVEN	State CT	Zip Code 06515			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

Full Name (Last, First, Middle Initial) <b>B. STEPHEN M. GRAHAM</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281598</b>		
Mailing Address 6002 Euclid Street			Amount of Each Receipt this Period 51.10		
City Cheverly	State MD	Zip Code 20785			
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 ▼ 1118.09			

Full Name (Last, First, Middle Initial) <b>C. STEPHEN M. GRAHAM</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281792</b>		
Mailing Address 6002 Euclid Street			Amount of Each Receipt this Period 51.10		
City Cheverly	State MD	Zip Code 20785			
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 ▼ 1169.19			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.20
<b>TOTAL</b> This Period (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 458 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN M. GRAHAM</b>			Date of Receipt
Mailing Address 6002 Euclid Street			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281984</b>
Cheverly	MD	20785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="51.10"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSOCIATE DIRECTOR, ACCOUNTING		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1220.29"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BONNIE L. GRANTZ</b>			Date of Receipt
Mailing Address 3898 Ascott Court			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282440</b>
Youngstown	OH	44511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.47"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/AUSTINTOWN LSD	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.93"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BONNIE L. GRANTZ</b>			Date of Receipt
Mailing Address 3898 Ascott Court			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282441</b>
Youngstown	OH	44511	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="76.94"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/AUSTINTOWN LSD	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="807.87"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="166.51"/>
<b>TOTAL</b> 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 459 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ELIZABETH D. GRAY-LINDSLEY</b>		Date of Receipt
Mailing Address 1302 4th Street SW		M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.281599</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASSIST DIRECTOR, CAPITAL STRATEGIES		105.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2257.71	

Full Name (Last, First, Middle Initial) <b>B. ELIZABETH D. GRAY-LINDSLEY</b>		Date of Receipt
Mailing Address 1302 4th Street SW		M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.281793</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASSIST DIRECTOR, CAPITAL STRATEGIES		105.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2362.72	

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH D. GRAY-LINDSLEY</b>		Date of Receipt
Mailing Address 1302 4th Street SW		M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
City Washington	State DC	Zip Code 20024
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.281985</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASSIST DIRECTOR, CAPITAL STRATEGIES		105.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2467.73	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.03
<b>TOTAL</b> This Period (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 460 OF 1358
	<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. R. SEAN GRAYSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10201 Galena Pointe Drive

City Galena	State OH	Zip Code 43021
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation GENERAL COUNSEL
------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1167.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284341**

Amount of Each Receipt this Period  
106.30

**B. JONATHAN GREBNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 840 Randolph Avenue

City Saint Paul	State MN	Zip Code 55126
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation POLITICAL DIRECTOR
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
819.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284473**

Amount of Each Receipt this Period  
65.74

**C. LINDA J. GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 142

City Sherrard	State IL	Zip Code 61281
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation REVENUE AUDITOR III
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
337.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285376**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.04
<b>TOTAL</b> This Period (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 461 OF 1358
	<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. PATRICIA GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **604.90**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282655**

Amount of Each Receipt this Period **73.00**

**B. RONALD J. GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 531 Park Shadow Court

City Baldwin Park State CA Zip Code 90706

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/LOCAL 3634 Occupation TRANSIT SUPERVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286944**

Amount of Each Receipt this Period **300.00**

**C. RONALD J. GREEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 531 Park Shadow Court

City Baldwin Park State CA Zip Code 90706

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/LOCAL 3634 Occupation TRANSIT SUPERVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3550.00**

Date of Receipt **11 / 28 / 2012**

**Transaction ID : SA11AI.286953**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **623.00**

**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 462 OF 1358
	<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. FRANKLIN GREENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Darcey Lane

City Flint	State MI	Zip Code 48506-5001
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284241**

Amount of Each Receipt this Period  
 21.04

**B. FRANKLIN GREENE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Darcey Lane

City Flint	State MI	Zip Code 48506-5001
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284290**

Amount of Each Receipt this Period  
 21.04

**C. SCOTT GREFE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4020 Glendale Drive

City Excelsior	State MN	Zip Code 55331-9764
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284474**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.08
<b>TOTAL</b> This Period (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 463 OF 1358
	<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. MARSHA N. GRESHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18321 Wallingford Avenue N.

City Shoreline	State WA	Zip Code 98133
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285671**

Amount of Each Receipt this Period  
10.00

**B. MARSHA N. GRESHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 18321 Wallingford Avenue N.

City Shoreline	State WA	Zip Code 98133
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285949**

Amount of Each Receipt this Period  
10.00

**C. STEVE GRETSUK**  
Full Name (Last, First, Middle Initial)

Mailing Address 7803 Desiree Street

City Alexandria	State VA	Zip Code 22315
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, INFORMATION SYSTEMS
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1908.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281601**

Amount of Each Receipt this Period  
81.94

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.94
<b>TOTAL</b> This Period (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 464 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. STEVE GRETSUK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7803 Desiree Street  
 City Alexandria State VA Zip Code 22315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1990.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281795**  
 Amount of Each Receipt this Period  
 81.94

**B. STEVE GRETSUK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7803 Desiree Street  
 City Alexandria State VA Zip Code 22315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2072.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281987**  
 Amount of Each Receipt this Period  
 81.94

**C. KARL J. GRIEBSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18057 Judy Street  
 City Castro Valley State CA Zip Code 94546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57/SANTA CLARA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.287681**  
 Amount of Each Receipt this Period  
 16.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	179.88
<b>TOTAL</b> This Period (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 465 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY GRIFFIN</b>			Date of Receipt
Mailing Address 2456 Five Fathom Circle			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281602</b>
Woodbridge	VA	22192	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="34.08"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="749.76"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KIMBERLY GRIFFIN</b>			Date of Receipt
Mailing Address 2456 Five Fathom Circle			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281796</b>
Woodbridge	VA	22192	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="34.08"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="783.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KIMBERLY GRIFFIN</b>			Date of Receipt
Mailing Address 2456 Five Fathom Circle			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281988</b>
Woodbridge	VA	22192	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.01"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="818.85"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="103.17"/>
<b>TOTAL</b> 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 466 OF 1358
	<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. REBECCA J. GRIFFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2012

**Transaction ID : SA11AI.283290**

Amount of Each Receipt this Period  

14.00
-------

**B. REBECCA J. GRIFFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		14		2012

**Transaction ID : SA11AI.283654**

Amount of Each Receipt this Period  

14.00
-------

**C. REBECCA J. GRIFFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5139 State Route 19

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.284017**

Amount of Each Receipt this Period  

14.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.00
<b>TOTAL</b> This Period (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 467 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ALIA GRIFFING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284083</b>
Mailing Address 1315 Smith Street SE			Amount of Each Receipt this Period 42.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 462.00	
Name of Employer AFSCME WA CN 28		Occupation LOBBYIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ALIA GRIFFING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284132</b>
Mailing Address 1315 Smith Street SE			Amount of Each Receipt this Period 42.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 504.00	
Name of Employer AFSCME WA CN 28		Occupation LOBBYIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SUZANNE L. GRIFFITH</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287685</b>
Mailing Address 10 El Prado Court			Amount of Each Receipt this Period 20.00
City Martinez	State CA	Zip Code 94553	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 220.00	
Name of Employer AFSCME CA CN 57/SAN MATEO CNTY		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (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 468 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SUZANNE L. GRIFFITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 El Prado Court  
 City State Zip Code  
 Martinez CA 94553  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CA CN 57/SAN MATEO CNTY STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287683**  
 Amount of Each Receipt this Period  
 200.00

**B. LYLE B GRIMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9432  
 City State Zip Code  
 Bridge City LA 70096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ORGANIZER II  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 698.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281603**  
 Amount of Each Receipt this Period  
 31.81

**C. LYLE B GRIMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9432  
 City State Zip Code  
 Bridge City LA 70096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ORGANIZER II  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 729.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281797**  
 Amount of Each Receipt this Period  
 31.81

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.62
<b>TOTAL</b> This Period (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 469 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. LYLE B GRIMES**

Mailing Address P.O. Box 9432

City State Zip Code  
Bridge City LA 70096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME INT'L ORGANIZER II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
761.74

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.281989**

Amount of Each Receipt this Period  
31.81

Full Name (Last, First, Middle Initial)  
**B. THEODORE RALPH GROENER**

Mailing Address 18709 Madrona Drive

City State Zip Code  
Oregon City OR 97045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OR CN 75 POLITICAL COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.285094**

Amount of Each Receipt this Period  
30.00

Full Name (Last, First, Middle Initial)  
**C. THEODORE RALPH GROENER**

Mailing Address 18709 Madrona Drive

City State Zip Code  
Oregon City OR 97045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OR CN 75 POLITICAL COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.285116**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.81

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 470 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. OTTO GROENEWALD</b>			Date of Receipt
Mailing Address Route 9 Box 154			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284392</b>
Bloomfield	IA	52537	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DALE R. GROSSMAN</b>			Date of Receipt
Mailing Address 3668 Bader Court			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282443</b>
Westerville	OH	43081	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.84"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/WESTERVILLE	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="227.56"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CHERYLL E. GROVER</b>			Date of Receipt
Mailing Address PO BOX 255			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287689</b>
MARTINEZ	CA	94553	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="39.00"/>
Name of Employer	Occupation		
AFSCME CA CN 57	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="239.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="119.84"/>
<b>TOTAL</b> 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 471 OF 1358
	<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. CHERYLL E. GROVER**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 255

City MARTINEZ State CA Zip Code 94553

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 256.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 18 / 2012  
**Transaction ID : SA11AI.287688**

Amount of Each Receipt this Period  
 17.00

**B. SHAWN M. GRUBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Adams Street

City Lima State OH Zip Code 45801

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283053**

Amount of Each Receipt this Period  
 15.00

**C. SHAWN M. GRUBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Adams Street

City Lima State OH Zip Code 45801

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283421**

Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.00
<b>TOTAL</b> This Period (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 472 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. SHAWN M. GRUBER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1218 Adams Street

City Lima	State OH	Zip Code 45801
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283784**

Amount of Each Receipt this Period  

15.00
-------

**B. PATRICK J. GUERNSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 961 Tuscarora Avenue

City St. Paul	State MN	Zip Code 55102
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation CORRECITONS OFFICER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286803**

Amount of Each Receipt this Period  

144.00
--------

**C. PATRICK J. GUERNSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 961 Tuscarora Avenue

City St. Paul	State MN	Zip Code 55102
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation CORRECITONS OFFICER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286772**

Amount of Each Receipt this Period  

15.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>174.00</b>
<b>TOTAL</b> This Period (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 473 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PATRICK J. GUERNSEY</b>			Date of Receipt
Mailing Address 961 Tuscarora Avenue			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286788</b>
St. Paul	MN	55102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/HENNEPIN COUNTY	CORRECITONS OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SYLVANIA GUERRIER</b>			Date of Receipt
Mailing Address 7 Williams Street			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286287</b>
Central Islip	NY	11722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="7.70"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS INST.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.20"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JENNIFER GUERTIN</b>			Date of Receipt
Mailing Address 1053 Hatch Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286849</b>
St. Paul	MN	55103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="52.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/ST. PAUL CITY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="74.70"/>
<b>TOTAL</b> 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 474 OF 1358
	<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. JENNIFER GUERTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1053 Hatch Avenue

City St. Paul State MN Zip Code 55103

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST. PAUL CITY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286818**

Amount of Each Receipt this Period  
 12.00

**B. GREGG GUNTHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285672**

Amount of Each Receipt this Period  
 10.00

**C. GREGG GUNTHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285950**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	32.00
<b>TOTAL</b> This Period (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 475 OF 1358
	<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. CAROL GUTHRIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 S San Gabriel Loop

City State Zip Code  
Liberty Hill TX 78642-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME TX LOC 1624 UNION REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
626.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286877**

Amount of Each Receipt this Period  
60.00

**B. CAROL GUTHRIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 S San Gabriel Loop

City State Zip Code  
Liberty Hill TX 78642-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME TX LOC 1624 UNION REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.286878**

Amount of Each Receipt this Period  
40.00

**C. CAROL GUTHRIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 241 S San Gabriel Loop

City State Zip Code  
Liberty Hill TX 78642-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME TX LOC 1624 UNION REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
706.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.286879**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 476 OF 1358
	<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. LORETTA GUTIERREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **460.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285673**  
 Amount of Each Receipt this Period  
**20.00**

**B. LORETTA GUTIERREZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285951**  
 Amount of Each Receipt this Period  
**20.00**

**C. JOSEPH GUZYNSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Excelsior Drive  
 #B  
 City Madison State WI Zip Code 53717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287609**  
 Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> This Period (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 477 OF 1358
	(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"/> 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. JOSEPH GUZYNSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 888 Excelsior Drive  
#B

City Madison State WI Zip Code 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 06 / 2012  
Transaction ID : SA11AI.287608

Amount of Each Receipt this Period  
20.00

**B. JON A. GWYNNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2052 Sherwood Lake Drive

City Schererville State IN Zip Code 46375

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
559.46

Date of Receipt  
12 / 03 / 2012  
Transaction ID : SA11AI.284859

Amount of Each Receipt this Period  
50.86

**C. JON A. GWYNNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2052 Sherwood Lake Drive

City Schererville State IN Zip Code 46375

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.32

Date of Receipt  
12 / 28 / 2012  
Transaction ID : SA11AI.284677

Amount of Each Receipt this Period  
50.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.72

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 478 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. ANDREW HAGGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1024 86th Avenue W.  
 City Duluth State MN Zip Code 55808-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286666**  
 Amount of Each Receipt this Period  
 30.00

**B. ANDREW HAGGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1024 86th Avenue W.  
 City Duluth State MN Zip Code 55808-1413  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286722**  
 Amount of Each Receipt this Period  
 30.00

**C. MARIJO HAIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 716 Bob Ehlen Drive  
 City Anoka State MN Zip Code 55303-1701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286667**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 479 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. MARIJO HAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 716 Bob Ehlen Drive

City Anoka State MN Zip Code 55303-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286723**

Amount of Each Receipt this Period 20.00

**B. DAVID M. HAINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 2nd Street SE

City Bondurant State IA Zip Code 50035

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286536**

Amount of Each Receipt this Period 60.00

**C. DAVID M. HAINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 403 2nd Street SE

City Bondurant State IA Zip Code 50035

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286406**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 480 OF 1358
	<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. DONALD HAINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 Walnut Street

City Columbia	State PA	Zip Code 17512
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282746**

Amount of Each Receipt this Period  
20.00

**B. DONALD HAINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 Walnut Street

City Columbia	State PA	Zip Code 17512
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282825**

Amount of Each Receipt this Period  
20.00

**C. JUDY L. HAIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2955 NE 73rd Street

City Bremerton	State WA	Zip Code 98311
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285674**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 481 OF 1358
	<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. JUDY L. HAIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2955 NE 73rd Street

City Bremerton State WA Zip Code 98311

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.285952**

Amount of Each Receipt this Period  
 10.00

**B. DERRYL HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Cambridge Drive

City Springboro State OH Zip Code 45066

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012

**Transaction ID : SA11AI.282159**

Amount of Each Receipt this Period  
 38.48

**C. DERRYL HALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Cambridge Drive

City Springboro State OH Zip Code 45066

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.282216**

Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	67.24
<b>TOTAL</b> This Period (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 482 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DERRYL HALL</b>			Date of Receipt
Mailing Address 80 Cambridge Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282271</b>
Springboro	OH	45066	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.24"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DONALD HALL</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285676</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DONALD HALL</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285954</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.24"/>
<b>TOTAL</b> 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 483 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. TERRI L. HALL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285678</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="573.00"/>	

Full Name (Last, First, Middle Initial) <b>B. TERRI L. HALL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285956</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="21.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="594.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CINDY HALLSTROM</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285679</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="12.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="287.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="54.50"/>
<b>TOTAL</b> 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 484 OF 1358
	<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. CINDY HALLSTROM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285957**

Amount of Each Receipt this Period  
12.50

**B. TOMIKA C. HALSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 299 Saginaw

City Calumet City State IL Zip Code 60409

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 804.38

Date of Receipt  
11 / 29 / 2012  
**Transaction ID : SA11AI.281604**

Amount of Each Receipt this Period  
32.47

**C. TOMIKA C. HALSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 299 Saginaw

City Calumet City State IL Zip Code 60409

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 836.85

Date of Receipt  
12 / 11 / 2012  
**Transaction ID : SA11AI.281798**

Amount of Each Receipt this Period  
32.47

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.44

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 485 OF 1358  
(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. TOMIKA C. HALSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 299 Saginaw  
 City Calumet City State IL Zip Code 60409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **869.32**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281990**  
 Amount of Each Receipt this Period  
**32.47**

**B. HELEN H. HAMADA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1113 Davenport Street Unit A3  
 City Honolulu State HI Zip Code 96822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **361.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285041**  
 Amount of Each Receipt this Period  
**21.00**

**C. DANIE HAMILTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1417 Basswood Court  
 City East Lansing State MI Zip Code 48823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **287.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284242**  
 Amount of Each Receipt this Period  
**12.50**

**SUBTOTAL** of Receipts This Page (optional)..... **65.97**  
**TOTAL** This Period (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 486 OF 1358
	<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. DANIE HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1417 Basswood Court

City East Lansing State MI Zip Code 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284291**

Amount of Each Receipt this Period  
**12.50**

**B. DAVID B. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1797 Spring Drive

City Zanesville State OH Zip Code 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ZANESVILLE CITY Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282444**

Amount of Each Receipt this Period  
**9.61**

**C. DAVID B. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1797 Spring Drive

City Zanesville State OH Zip Code 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ZANESVILLE CITY Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282445**

Amount of Each Receipt this Period  
**28.83**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.94</b>
<b>TOTAL</b> This Period (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 487 OF 1358
	<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. WENDI N. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 182 SW Academy Street  
Suite 326

City Dallas State OR Zip Code 97338

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation DATABASE ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.285165**

Amount of Each Receipt this Period  
20.00

**B. WENDI N. HAMILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 182 SW Academy Street  
Suite 326

City Dallas State OR Zip Code 97338

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation DATABASE ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285270**

Amount of Each Receipt this Period  
20.00

**C. PATRICIA ANN HAMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.282899**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 488 OF 1358
	<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. YANA M. HAMMONDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 S. Sixth Avenue

City Maywood State IL Zip Code 60153

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285378**

Amount of Each Receipt this Period  
 20.00

**B. YANA M. HAMMONDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 S. Sixth Avenue

City Maywood State IL Zip Code 60153

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285499**

Amount of Each Receipt this Period  
 10.00

**C. MARIE HANDT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 Norton

City St. Paul State MN Zip Code 55117

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286850**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 489 OF 1358
	<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. MARIE HANDT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1101 Norton

City	State	Zip Code
St. Paul	MN	55117

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/RAMSEY COUNTY	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.286820**

Amount of Each Receipt this Period  
10.00

**B. MARIE HANDT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1101 Norton

City	State	Zip Code
St. Paul	MN	55117

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/RAMSEY COUNTY	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.286821**

Amount of Each Receipt this Period  
10.00

**C. DAWN HANDY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2560 Edmondson Avenue

City	State	Zip Code
Baltimore	MD	21223

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MD CN 67	ADMIN ASST./TECH SUPERVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284416**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.00
<b>TOTAL</b> This Period (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 490 OF 1358
	<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	<input type="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. KEVIN S. HANES**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Thunderwood Drive

City Pittsburgh	State PA	Zip Code 15102
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation COMMUNICATIONS SPECIALIST II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **658.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281605**

Amount of Each Receipt this Period  

29.94
-------

**B. KEVIN S. HANES**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Thunderwood Drive

City Pittsburgh	State PA	Zip Code 15102
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation COMMUNICATIONS SPECIALIST II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **688.54**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281799**

Amount of Each Receipt this Period  

29.94
-------

**C. KEVIN S. HANES**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Thunderwood Drive

City Pittsburgh	State PA	Zip Code 15102
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation COMMUNICATIONS SPECIALIST II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **718.48**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.281991**

Amount of Each Receipt this Period  

29.94
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>89.82</b>
<b>TOTAL</b> This Period (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 491 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BARBARA HANGARTNER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285681</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 15.50
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.50	

Full Name (Last, First, Middle Initial) <b>B. BARBARA HANGARTNER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285959</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 15.50
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. EUGINE HANKS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 <b>Transaction ID : SA11AI.284547</b>
Mailing Address 296 Churchmans Road		Amount of Each Receipt this Period 50.08
City New Castle	State DE	Zip Code 19720-9930
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.23	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.08
<b>TOTAL</b> This Period (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 492 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. INGRID J. HANSEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285682</b>
Mailing Address 1609 Langridge Avenue NW			Amount of Each Receipt this Period 15.50
City Olympia	State WA	Zip Code 98502	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 466.50	
Name of Employer AFSCME WA CN 28		Occupation HEALTH SVC CNSLTNT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. INGRID J. HANSEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285960</b>
Mailing Address 1609 Langridge Avenue NW			Amount of Each Receipt this Period 15.50
City Olympia	State WA	Zip Code 98502	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 482.00	
Name of Employer AFSCME WA CN 28		Occupation HEALTH SVC CNSLTNT III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MARK G. HANSEN</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285683</b>
Mailing Address 2829 268th Street NE			Amount of Each Receipt this Period 10.00
City Arlington	State WA	Zip Code 98223	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.00	
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.00
<b>TOTAL</b> This Period (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 493 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial)  
**A. MARK G. HANSEN**

Mailing Address 2829 268th Street NE

City State Zip Code  
Arlington WA 98223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.285961**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**B. RYAN HANSON**

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

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 ▼  
653.23

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284475**

Amount of Each Receipt this Period  
54.43

Full Name (Last, First, Middle Initial)  
**C. THOMAS D. HANSON**

Mailing Address 8501 Bay Road SE

City State Zip Code  
Carrollton OH 44615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.283056**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	74.43
<b>TOTAL</b> This Period (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 494 OF 1358
<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. THOMAS D. HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8501 Bay Road SE

City Carrollton State OH Zip Code 44615

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283424**

Amount of Each Receipt this Period  
10.00

**B. THOMAS D. HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8501 Bay Road SE

City Carrollton State OH Zip Code 44615

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283787**

Amount of Each Receipt this Period  
10.00

**C. YVONNE M. HANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 Middle Street Apt. 3

City Honolulu State HI Zip Code 96819

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.285042**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.00

**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 495 OF 1358
	<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. GRANT L. HARDING**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 W. Virginia Avenue

City State Zip Code  
Vermilion OH 44089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4/VERMILLION LSD STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
403.83

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.282446**

Amount of Each Receipt this Period  
57.69

**B. JOYCE HARDING**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 W Virginia Avenue

City State Zip Code  
Vermilion OH 44089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4/VERMILLION LSD STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.282447**

Amount of Each Receipt this Period  
28.86

**C. GABRIEL HARGROVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4912 Woodlawn Avenue N

City State Zip Code  
Seattle WA 98013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28 COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284084**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.55

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 496 OF 1358
	(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"/> 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. GABRIEL HARGROVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4912 Woodlawn Avenue N

City Seattle State WA Zip Code 98013

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284133**

Amount of Each Receipt this Period  
 500.00

**B. YVONNE J. HARGROVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12832 Evansport Place

City Woodbridge State VA Zip Code 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 779.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281606**

Amount of Each Receipt this Period  
 35.45

**C. YVONNE J. HARGROVE**  
Full Name (Last, First, Middle Initial)

Mailing Address 12832 Evansport Place

City Woodbridge State VA Zip Code 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 815.35

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281800**

Amount of Each Receipt this Period  
 35.45

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.90
<b>TOTAL</b> This Period (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 497 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. YVONNE J. HARGROVE</b>		Date of Receipt
Mailing Address 12832 Evansport Place		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Woodbridge VA 22192		<b>Transaction ID : SA11AI.281992</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="35.45"/>
Name of Employer AFSCME INT'L	Occupation ADMINISTRATIVE ASSISTANT I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="850.80"/>	

Full Name (Last, First, Middle Initial) <b>B. DAVID T. HARPER</b>		Date of Receipt
Mailing Address 4427 Tacoma Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Lorain OH 44055		<b>Transaction ID : SA11AI.283058</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DAVID T. HARPER</b>		Date of Receipt
Mailing Address 4427 Tacoma Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Lorain OH 44055		<b>Transaction ID : SA11AI.283426</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="55.45"/>
<b>TOTAL</b> 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 498 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DAVID T. HARPER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4427 Tacoma Avenue

City Lorain	State OH	Zip Code 44055
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283789**

Amount of Each Receipt this Period  
10.00

**B. ROLAND E. HARRINGTON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1248 Bermuda Avenue

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284034**

Amount of Each Receipt this Period  
6.00

**C. ROLAND E. HARRINGTON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1248 Bermuda Avenue

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283059**

Amount of Each Receipt this Period  
11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27.00
<b>TOTAL</b> This Period (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 499 OF 1358
	<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. ROLAND E. HARRINGTON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1248 Bermuda Avenue

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 262.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283427**

Amount of Each Receipt this Period 11.00

**B. ROLAND E. HARRINGTON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1248 Bermuda Avenue

City Marion State OH Zip Code 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283790**

Amount of Each Receipt this Period 11.00

**C. ALLISON HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 84th Avenue

City Oakland State CA Zip Code 94621

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281607**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 32.00

**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 500 OF 1358
<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. ALLISON HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 84th Avenue

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT I
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281801**

Amount of Each Receipt this Period  
 10.00

**B. ALLISON HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1045 84th Avenue

City Oakland	State CA	Zip Code 94621
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD OFFICE ASSISTANT I
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281993**

Amount of Each Receipt this Period  
 10.00

**C. ERICA M. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 RAMGELY STREET

City WEST HAVEN	State CT	Zip Code 06516
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287426**

Amount of Each Receipt this Period  
 8.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	28.00
<b>TOTAL</b> This Period (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 501 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. HAZEL D. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286408**

Amount of Each Receipt this Period  
 9.19

**B. LORA HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 265 Forest Blvd

City Park Forest	State IL	Zip Code 60466-1750
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
778.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284860**

Amount of Each Receipt this Period  
 70.76

**C. LORA HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 265 Forest Blvd

City Park Forest	State IL	Zip Code 60466-1750
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
849.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284678**

Amount of Each Receipt this Period  
 70.76

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.71
<b>TOTAL</b> This Period (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 502 OF 1358
	<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. LOUIS HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1516 172nd Street East

City	State	Zip Code
Spanaway	WA	98387

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME CA CN 36	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286962**

Amount of Each Receipt this Period  

60.50
-------

**30.00**

**B. MARGARET A. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 863 Heath Court

City	State	Zip Code
Fairfield	CA	94533

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME CA CN 57	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

**Transaction ID : SA11AI.287691**

Amount of Each Receipt this Period  

20.00
-------

**20.00**

**C. MARTIN HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285684**

Amount of Each Receipt this Period  

10.50
-------

**10.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.50</b>
<b>TOTAL</b> This Period (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 503 OF 1358 (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**

Full Name (Last, First, Middle Initial) <b>A. MARTIN HARRIS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285962</b>		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 10.50		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

Full Name (Last, First, Middle Initial) <b>B. RYAN HARRIS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285685</b>		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 10.50		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.50			

Full Name (Last, First, Middle Initial) <b>C. RYAN HARRIS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285963</b>		
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 10.50		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.50
<b>TOTAL</b> This Period (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 504 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. SHARON L. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 677 E. 4th Avenue

City Columbus	State OH	Zip Code 43201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282313**

Amount of Each Receipt this Period  

25.00
-------

**B. SHARON L. HARRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 677 E. 4th Avenue

City Columbus	State OH	Zip Code 43201
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282344**

Amount of Each Receipt this Period  

25.00
-------

**C. STEPHANIE HARRISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1640 Upshur Street NW

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, HUMAN RESOURCES
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1419.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281608**

Amount of Each Receipt this Period  

62.60
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>112.60</b>
<b>TOTAL</b> This Period (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 505 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEPHANIE HARRISON</b>			Date of Receipt
Mailing Address 1640 Upshur Street NW			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281802</b>
Washington	DC	20011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="62.60"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, HUMAN RESOURCES		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1481.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE HARRISON</b>			Date of Receipt
Mailing Address 1640 Upshur Street NW			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281994</b>
Washington	DC	20011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="62.60"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, HUMAN RESOURCES		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1544.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TIMOTHY B. HARRITY</b>			Date of Receipt
Mailing Address 2034 Marlwood Drive			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282748</b>
Somerset	PA	15501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.20"/>
<b>TOTAL</b> 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 506 OF 1358
	<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. TIMOTHY B. HARRITY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2034 Marlwood Drive

City Somerset State PA Zip Code 15501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282827**

Amount of Each Receipt this Period 20.00

**B. JANE N HART**  
Full Name (Last, First, Middle Initial)

Mailing Address 6907 Taylor Road

City Sauk City State WI Zip Code 53583

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 494.98

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281609**

Amount of Each Receipt this Period 22.75

**C. JANE N HART**  
Full Name (Last, First, Middle Initial)

Mailing Address 6907 Taylor Road

City Sauk City State WI Zip Code 53583

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 517.73

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281803**

Amount of Each Receipt this Period 22.75

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 507 OF 1358  
(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. JANE N HART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6907 Taylor Road  
 City State Zip Code  
 Sauk City WI 53583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L FIELD OFFICE ASSISTANT II  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.281995**  
 Amount of Each Receipt this Period  
 22.75

**B. MICHAEL HARTEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4531 6th Street  
 City State Zip Code  
 Minneapolis MN 55421-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286668**  
 Amount of Each Receipt this Period  
 50.00

**C. MICHAEL HARTEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4531 6th Street  
 City State Zip Code  
 Minneapolis MN 55421-2234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286724**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.75  
**TOTAL** This Period (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 508 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES A. HARTLE</b>		Date of Receipt
Mailing Address 3172 Schell Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11AI.284035</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="16.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="322.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES A. HARTLE</b>		Date of Receipt
Mailing Address 3172 Schell Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11AI.283060</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="22.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="344.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES A. HARTLE</b>		Date of Receipt
Mailing Address 3172 Schell Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11AI.283428</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="22.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="366.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 509 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES A. HARTLE</b>			Date of Receipt
Mailing Address 3172 Schell Drive			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283791</b>
Marion	OH	43302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="388.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ANDREW A. HARTSEL</b>			Date of Receipt
Mailing Address 15 Park Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283061</b>
London	OH	43140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ANDREW A. HARTSEL</b>			Date of Receipt
Mailing Address 15 Park Avenue			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283429</b>
London	OH	43140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="62.00"/>
<b>TOTAL</b> 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 510 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ANDREW A. HARTSEL</b>		Date of Receipt
Mailing Address 15 Park Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
London	OH	43140
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283792</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RAYDENE HARWICK</b>		Date of Receipt
Mailing Address 2101-27 Hill Road Apt. #1		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sellersville	PA	18960
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282657</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="62.56"/>
Name of Employer	Occupation	
AFSCME PA CN 13	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="899.77"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ALLEN K. HARWOOD</b>		Date of Receipt
Mailing Address 3319 Quincy Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Danville	IA	52623
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286636</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.82"/>
Name of Employer	Occupation	
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.02"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="103.38"/>
<b>TOTAL</b> 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 511 OF 1358
	<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. ALLEN K. HARWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3319 Quincy Avenue

City Danville State IA Zip Code 52623

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.84

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.286621**

Amount of Each Receipt this Period 20.82

**B. DAVID HASLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 532.08

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282658**

Amount of Each Receipt this Period 46.96

**C. JOHANNA M. HASTAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7326 SE Carlton Street

City Portland State OR Zip Code 97206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ASSOCIATE PLANNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285169**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.78

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 512 OF 1358
	<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. JOHANNA M. HASTAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7326 SE Carlton Street  
 City Portland State OR Zip Code 97206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ASSOCIATE PLANNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285274**  
 Amount of Each Receipt this Period  
 20.00

**B. MICHAEL D. HATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1981 Hogback Road  
 City Albany State KY Zip Code 42602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 314.94

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281610**  
 Amount of Each Receipt this Period  
 45.87

**C. MICHAEL D. HATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1981 Hogback Road  
 City Albany State KY Zip Code 42602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281804**  
 Amount of Each Receipt this Period  
 45.87

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.74
<b>TOTAL</b> This Period (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 513 OF 1358
	<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"/>	<input type="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. MICHAEL D. HATCHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1981 Hogback Road  
 City Albany State KY Zip Code 42602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.68

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.281996**  
 Amount of Each Receipt this Period 45.87

**B. JANET L HATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 NW 52nd Street  
 City Vancouver State WA Zip Code 98663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285686**  
 Amount of Each Receipt this Period 13.50

**C. JANET L HATFIELD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 NW 52nd Street  
 City Vancouver State WA Zip Code 98663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285964**  
 Amount of Each Receipt this Period 13.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.87  
**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 514 OF 1358
	<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. KAREN HATHAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Jenny Lind Street

City Taunton State MA Zip Code 02780-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **535.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

**Transaction ID : SA11AI.284505**

Amount of Each Receipt this Period  
**40.46**

**B. MARTIN R. HATHAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286539**

Amount of Each Receipt this Period  
**40.00**

**C. MARTIN R. HATHAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

**Transaction ID : SA11AI.286409**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.46</b>
<b>TOTAL</b> This Period (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 515 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES HAUENSTEIN</b>			Date of Receipt
Mailing Address 390 Worthington Road			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282901</b>
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TODD A. HAUGE</b>			Date of Receipt
Mailing Address 2652 250th Street			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286622</b>
Kamrar	IA	50132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="16.72"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.64"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JANET L. HAYES</b>			Date of Receipt
Mailing Address 1204 4th Avenue SE			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285688</b>
Puyallup	WA	98372	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.30"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="56.72"/>
<b>TOTAL</b> 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 516 OF 1358
	<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. JANET L. HAYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1204 4th Avenue SE

City Puyallup State WA Zip Code 98372

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 259.30

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285966**

Amount of Each Receipt this Period 10.00

**B. ALISON HAYGOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 469.92

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.284438**

Amount of Each Receipt this Period 39.16

**C. JIMMIE HEARNS**  
Full Name (Last, First, Middle Initial)

Mailing Address 18509 Mendota

City Detroit State MI Zip Code 48221

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 832.83

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284243**

Amount of Each Receipt this Period 36.21

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.37

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 517 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JIMMIE HEARNS</b>			Date of Receipt
Mailing Address 18509 Mendota			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284292</b>
Detroit	MI	48221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="86.21"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="869.04"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KEITH A. HEATER</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286540</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.60"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.65"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KEITH A. HEATER</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286410</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.65"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.30"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="84.46"/>
<b>TOTAL</b> 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 518 OF 1358
	<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	<input type="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. TERESA M. HECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Oak Street  
P.O. 186

City Hills State IA Zip Code 52235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286541**

Amount of Each Receipt this Period  
40.00

**B. TERESA M. HECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 Oak Street  
P.O. 186

City Hills State IA Zip Code 52235

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.286411**

Amount of Each Receipt this Period  
10.00

**C. LAUREL D. HECOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 3006 Highway 103  
Box 152

City Fort Madison State IA Zip Code 52627

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.61

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286542**

Amount of Each Receipt this Period  
41.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.64

**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 519 OF 1358
	<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**

Full Name (Last, First, Middle Initial)  
**A. LAUREL D. HECOX**

Mailing Address 3006 Highway 103  
Box 152

City Fort Madison State IA Zip Code 52627

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.02

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.286412**

Amount of Each Receipt this Period  
10.41

Full Name (Last, First, Middle Initial)  
**B. MARK HEDBERG**

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
12 / 13 / 2012  
**Transaction ID : SA11AI.284394**

Amount of Each Receipt this Period  
20.84

Full Name (Last, First, Middle Initial)  
**C. CYNTHIA L. HEEREN**

Mailing Address 1507 Emerald Drive

City Davenport State IA Zip Code 52804

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
216.97

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286543**

Amount of Each Receipt this Period  
41.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.89

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 520 OF 1358
	<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. CYNTHIA L. HEEREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1507 Emerald Drive

City Davenport	State IA	Zip Code 52804
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286413**

Amount of Each Receipt this Period  
10.41

**B. MARY A. HEITZENRATER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Woodridge Avenue

City Akron	State OH	Zip Code 44314
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/MBRS	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282449**

Amount of Each Receipt this Period  
15.00

**C. MARY A. HEITZENRATER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Woodridge Avenue

City Akron	State OH	Zip Code 44314
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/MBRS	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
285.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282450**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.41
<b>TOTAL</b> This Period (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 521 OF 1358  
(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. VICTORIA A. HELLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7056 SE Pine Street  
 City Portland State OR Zip Code 97215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285172**  
 Amount of Each Receipt this Period  
 20.00

**B. VICTORIA A. HELLMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7056 SE Pine Street  
 City Portland State OR Zip Code 97215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation ATTORNEY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285277**  
 Amount of Each Receipt this Period  
 20.00

**C. ANDREA HELM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 S. Main Street  
 City New Castle State IN Zip Code 47362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IN CN 62 Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286924**  
 Amount of Each Receipt this Period  
 120.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**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 522 OF 1358
	<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. ANDREA HELM**  
Full Name (Last, First, Middle Initial)  
Mailing Address 619 S. Main Street  
City New Castle State IN Zip Code 47362  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IN CN 62 Occupation ORGANIZER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **560.00**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.286925**  
Amount of Each Receipt this Period **40.00**

**B. PHILIP W. HELMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4108 Menton  
City Flint State MI Zip Code 48507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME MI CN 25 Occupation EDITOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1249.13**

Date of Receipt **12 / 06 / 2012**  
**Transaction ID : SA11AI.284244**  
Amount of Each Receipt this Period **54.31**

**C. PHILIP W. HELMS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4108 Menton  
City Flint State MI Zip Code 48507  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME MI CN 25 Occupation EDITOR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1303.44**

Date of Receipt **12 / 19 / 2012**  
**Transaction ID : SA11AI.284293**  
Amount of Each Receipt this Period **54.31**

**SUBTOTAL** of Receipts This Page (optional)..... **148.62**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 523 OF 1358
	<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. RENITA L. HELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 W Galbraith Road  
Apt. E

City Cincinnati State OH Zip Code 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.284036**

Amount of Each Receipt this Period  
5.00

**B. RENITA L. HELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 W Galbraith Road  
Apt. E

City Cincinnati State OH Zip Code 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 274.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283063**

Amount of Each Receipt this Period  
16.00

**C. RENITA L. HELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 W Galbraith Road  
Apt. E

City Cincinnati State OH Zip Code 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283431**

Amount of Each Receipt this Period  
16.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.00

**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 524 OF 1358
	<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. RENITA L. HELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 W Galbraith Road  
Apt. E

City Cincinnati State OH Zip Code 45239

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.283794**

Amount of Each Receipt this Period  
16.00

**B. CAROL S. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 S. Elm Street

City Celina State OH Zip Code 45822

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CELINA CSD Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 217.14

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2012  
**Transaction ID : SA11AI.282451**

Amount of Each Receipt this Period  
10.42

**C. CAROL S. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 S. Elm Street

City Celina State OH Zip Code 45822

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CELINA CSD Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 227.56

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.282452**

Amount of Each Receipt this Period  
10.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	36.84
<b>TOTAL</b> This Period (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 525 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CAROL S. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 901 S. Elm Street

City Celina State OH Zip Code 45822

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CELINA CSD Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **237.98**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.282453**

Amount of Each Receipt this Period **10.42**

**B. CAT D. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285689**

Amount of Each Receipt this Period **10.00**

**C. CAT D. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.285967**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **30.42**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 526 OF 1358
	<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. DAVID J. HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2040 Spring Valley Road

City Pittsburgh State PA Zip Code 15243-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282660**

Amount of Each Receipt this Period  
 115.68

**B. KAY HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 S. Winnifred Street

City Tacoma State WA Zip Code 98465

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285690**

Amount of Each Receipt this Period  
 30.00

**C. KAY HENDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 624 S. Winnifred Street

City Tacoma State WA Zip Code 98465

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285968**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.68

**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 527 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY HENDERSON</b>		Date of Receipt
Mailing Address 6987 W. Shadow Lake Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lino Lakes	MN	55014-1931
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.284476</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="44.76"/>
Name of Employer	Occupation	
AFSCME MN CN 5	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="529.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. TINA M. HENDERSON</b>		Date of Receipt
Mailing Address 28660 Newcastle Road		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Highland	CA	92346
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.287304</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
AFSCME CA LOC 1199/COPE	NURSE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TINA M. HENDERSON</b>		Date of Receipt
Mailing Address 28660 Newcastle Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Highland	CA	92346
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.287163</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME CA LOC 1199/COPE	NURSE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="114.76"/>
<b>TOTAL</b> 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 528 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TINA M. HENDERSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.287251</b>
Mailing Address 28660 Newcastle Road			Amount of Each Receipt this Period 10.00
City Highland	State CA	Zip Code 92346	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer AFSCME CA LOC 1199/COPE		Occupation NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WILMA HENDERSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285691</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 10.50
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 241.50	
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WILMA HENDERSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285969</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 10.50
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 252.00	
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.00
<b>TOTAL</b> This Period (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 529 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. MICHAEL S. HENG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 N 20th Street  
 City Marshalltown State IA Zip Code 50158  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286414**  
 Amount of Each Receipt this Period  
 9.18

**B. MONIQUE L. HENNAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Winter View Way  
 City Stockbridge State GA Zip Code 30281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 371.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281611**  
 Amount of Each Receipt this Period  
 21.41

**C. MONIQUE L. HENNAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 505 Winter View Way  
 City Stockbridge State GA Zip Code 30281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 393.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281805**  
 Amount of Each Receipt this Period  
 21.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.00
<b>TOTAL</b> This Period (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 530 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MONIQUE L. HENNAGAN</b>		Date of Receipt
Mailing Address 505 Winter View Way		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Stockbridge	GA	30281
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281997</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="21.41"/>
Name of Employer	Occupation	
AFSCME INT'L	ORGANIZER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="414.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RUTH HENNESSEY</b>		Date of Receipt
Mailing Address 4940 SW Dakota Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Corvallis	OR	97333
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285173</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	REFERENCE LIBRARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RUTH HENNESSEY</b>		Date of Receipt
Mailing Address 4940 SW Dakota Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Corvallis	OR	97333
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285278</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	REFERENCE LIBRARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.41"/>
<b>TOTAL</b> 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 531 OF 1358
	<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. SUSAN R. HENRICKSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 16511 193rd Avenue E

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285692**

Amount of Each Receipt this Period 21.00

**B. SUSAN R. HENRICKSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 16511 193rd Avenue E

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285970**

Amount of Each Receipt this Period 21.00

**C. MICHELLE C. HENRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5614 S 147th Street

City Tukwila State WA Zip Code 98168

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286194**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.00

**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 532 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. MICHELLE C. HENRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5614 S 147th Street

City Tukwila State WA Zip Code 98168

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.286181**

Amount of Each Receipt this Period **15.00**

**B. JOHN HENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 88593

City Steilacoom State WA Zip Code 98388

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **287.50**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285693**

Amount of Each Receipt this Period **12.50**

**C. JOHN HENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 88593

City Steilacoom State WA Zip Code 98388

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.285971**

Amount of Each Receipt this Period **12.50**

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 533 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RICK HENSON</b>			Date of Receipt
Mailing Address 317 South F Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285095</b>
Springfield	OR	97477	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75	COUNCIL REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="935.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RICK HENSON</b>			Date of Receipt
Mailing Address 317 South F Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285117</b>
Springfield	OR	97477	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="85.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75	COUNCIL REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1020.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. EMERALD HERNANDEZ</b>			Date of Receipt
Mailing Address 1542 Presidential Dr.			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282902</b>
Columbus	OH	46212	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="120.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="580.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="290.00"/>
<b>TOTAL</b> 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 534 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RAMON L. HERNANDEZ</b>			Date of Receipt
Mailing Address 7 PARENTS WAY			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287485</b>
BLOOMFIELD	CT	06002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>B. RAMON L. HERNANDEZ</b>			Date of Receipt
Mailing Address 7 PARENTS WAY			<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287486</b>
BLOOMFIELD	CT	06002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>C. RAMON L. HERNANDEZ</b>			Date of Receipt
Mailing Address 7 PARENTS WAY			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287487</b>
BLOOMFIELD	CT	06002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 535 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. FRANCIS HERRICK</b>		Date of Receipt
Mailing Address 289 Manor Blvd.		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Yardville	NJ	08620
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287538</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME NJ CN 73	STAFF REPRESENTATIVE	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ERIC D. HERTZOG</b>		Date of Receipt
Mailing Address 141 174th Street E.		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Spanaway	WA	98387
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286136</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="27.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="378.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ERIC D. HERTZOG</b>		Date of Receipt
Mailing Address 141 174th Street E.		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Spanaway	WA	98387
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286134</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="27.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="405.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="64.00"/>
<b>TOTAL</b> 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 536 OF 1358
<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. ERIC D. HERTZOG**  
Full Name (Last, First, Middle Initial)

Mailing Address 141 174th Street E.

City Spanaway State WA Zip Code 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286135**

Amount of Each Receipt this Period 27.00

**B. SHERRY HEWITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285696**

Amount of Each Receipt this Period 12.00

**C. SHERRY HEWITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285973**

Amount of Each Receipt this Period 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00

**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 537 OF 1358
<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. BLAKE R. HILAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Angle

City Plainville	State IL	Zip Code 62360
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CORRECTIONAL OFFICER
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285381**

Amount of Each Receipt this Period  

20.00
-------

**B. BLAKE R. HILAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Angle

City Plainville	State IL	Zip Code 62360
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CORRECTIONAL OFFICER
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285502**

Amount of Each Receipt this Period  

20.00
-------

**C. DAVID HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 445 Glenn Street

City Barberton	State OH	Zip Code 44203
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283797**

Amount of Each Receipt this Period  

8.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>48.00</b>
<b>TOTAL</b> This Period (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 538 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DEBORAH C. HILL</b>		Date of Receipt
Mailing Address 4021 E Street SE		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20019		<b>Transaction ID : SA11AI.281613</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation HUMAN RESOURCES ASSISTANT III		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. DEBORAH C. HILL</b>		Date of Receipt
Mailing Address 4021 E Street SE		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20019		<b>Transaction ID : SA11AI.281807</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation HUMAN RESOURCES ASSISTANT III		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>C. DEBORAH C. HILL</b>		Date of Receipt
Mailing Address 4021 E Street SE		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Washington State DC Zip Code 20019		<b>Transaction ID : SA11AI.281999</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation HUMAN RESOURCES ASSISTANT III		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 539 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DENNIS HILL</b>			Date of Receipt
Mailing Address 4 Hickory Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286669</b>
Farmington	MN	55024-9124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DENNIS HILL</b>			Date of Receipt
Mailing Address 4 Hickory Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286725</b>
Farmington	MN	55024-9124	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DONALD J. HILL</b>			Date of Receipt
Mailing Address 2382 Krumroy Road			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282458</b>
Akron	OH	44312	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/SPRINGFIELD SD	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> 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 540 OF 1358
	<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. DONALD J. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2382 Krumroy Road

City Akron State OH Zip Code 44312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.282459

Amount of Each Receipt this Period  
500.00

**B. GARY A. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4548 The Cedars

City Bremerton State WA Zip Code 98312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.284085

Amount of Each Receipt this Period  
20.00

**C. GARY A. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4548 The Cedars

City Bremerton State WA Zip Code 98312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.284134

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 541 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. KEVIN E. HILL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281614</b>
Mailing Address 541 Coconut Street			Amount of Each Receipt this Period 51.37
City Satellite Beach	State FL	Zip Code 32937	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1079.01	
Name of Employer AFSCME INT'L		Occupation FIELD COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KEVIN E. HILL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281808</b>
Mailing Address 541 Coconut Street			Amount of Each Receipt this Period 51.37
City Satellite Beach	State FL	Zip Code 32937	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1130.38	
Name of Employer AFSCME INT'L		Occupation FIELD COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KEVIN E. HILL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282000</b>
Mailing Address 541 Coconut Street			Amount of Each Receipt this Period 51.37
City Satellite Beach	State FL	Zip Code 32937	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1181.75	
Name of Employer AFSCME INT'L		Occupation FIELD COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.11
<b>TOTAL</b> This Period (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 542 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. LORRAINE C. HILL</b>		Date of Receipt
Mailing Address 18412 W Buckboard Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Medical Lake WA 99022		<b>Transaction ID : SA11AI.286158</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="36.00"/>
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="248.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LORRAINE C. HILL</b>		Date of Receipt
Mailing Address 18412 W Buckboard Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Medical Lake WA 99022		<b>Transaction ID : SA11AI.286156</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LORRAINE C. HILL</b>		Date of Receipt
Mailing Address 18412 W Buckboard Avenue		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Medical Lake WA 99022		<b>Transaction ID : SA11AI.286157</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="272.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 543 OF 1358
	<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. PHILLIP E. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3346 Heatherdowns Blvd.

City Toledo	State OH	Zip Code 43614
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283067**

Amount of Each Receipt this Period  
10.00

**B. PHILLIP E. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3346 Heatherdowns Blvd.

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283435**

Amount of Each Receipt this Period  
10.00

**C. PHILLIP E. HILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3346 Heatherdowns Blvd.

City Toledo	State OH	Zip Code 43614
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283798**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 544 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. TRACY A. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2382 Krumroy Road  
 City Akron State OH Zip Code 44312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282460**  
 Amount of Each Receipt this Period  
 25.00

**B. TRACY A. HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2382 Krumroy Road  
 City Akron State OH Zip Code 44312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/SPRINGFIELD SD Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282461**  
 Amount of Each Receipt this Period  
 50.00

**C. MATTHEW T. HILSABECK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.61

Date of Receipt  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286545**  
 Amount of Each Receipt this Period  
 41.64

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.64
<b>TOTAL</b> This Period (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 545 OF 1358
	<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. MATTHEW T. HILSABECK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286415**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0	0	0
											10.41

**B. MATT HILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1418 SW Moss Street

City Portland	State OR	Zip Code 97219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285174**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0	0	0
											22.00

**C. MATT HILTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1418 SW Moss Street

City Portland	State OR	Zip Code 97219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285279**

Amount of Each Receipt this Period  

5	4	3	2	1	0	.	0	0	0	0	0
											22.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.41
<b>TOTAL</b> This Period (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 546 OF 1358  
(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. JAMES N. HIMMELHAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 823 Dearmand Avenue  
 City Cincinnati State OH Zip Code 45239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/WINTON WOODS Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 227.47

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282462**  
 Amount of Each Receipt this Period  
 20.83

**B. JAMES N. HIMMELHAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 823 Dearmand Avenue  
 City Cincinnati State OH Zip Code 45239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/WINTON WOODS Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282463**  
 Amount of Each Receipt this Period  
 20.83

**C. DANNY HINDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 612 4th Avenue NE  
 City Independence State IA Zip Code 50644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation RTT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286546**  
 Amount of Each Receipt this Period  
 80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.66  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 547 OF 1358
	<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. DANNY HINDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 612 4th Avenue NE

City Independence	State IA	Zip Code 50644
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation RTT
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286416**

Amount of Each Receipt this Period  
20.00

**B. KELLY HINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Wakefield Mound Road

City Piketon	State OH	Zip Code 45661
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SCIOTO VALLEY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282465**

Amount of Each Receipt this Period  
19.24

**C. KELLY HINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Wakefield Mound Road

City Piketon	State OH	Zip Code 45661
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SCIOTO VALLEY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282466**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.86
<b>TOTAL</b> This Period (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 548 OF 1358
<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. LORLEISHA HINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1724 Kalorama Road NW

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DC CN 20 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.08**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.287319**

Amount of Each Receipt this Period **57.66**

**B. ORELIA O. HINES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1524 S Sheridan Avenue

City Tacoma State WA Zip Code 98405

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.286182**

Amount of Each Receipt this Period **10.00**

**C. SEAN HINGA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3137 Fulton Street

City Denver State CO Zip Code 80238

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **853.07**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281615**

Amount of Each Receipt this Period **39.15**

**SUBTOTAL** of Receipts This Page (optional)..... **106.81**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 549 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SEAN HINGA</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281809</b>
Mailing Address 3137 Fulton Street			Amount of Each Receipt this Period 39.15
City Denver	State CO	Zip Code 80238	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 892.22		

Full Name (Last, First, Middle Initial) <b>B. SEAN HINGA</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282001</b>
Mailing Address 3137 Fulton Street			Amount of Each Receipt this Period 39.15
City Denver	State CO	Zip Code 80238	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 931.37		

Full Name (Last, First, Middle Initial) <b>C. THOMAS C. HINKLE</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.284037</b>
Mailing Address P.O. Box 600			Amount of Each Receipt this Period 5.00
City Orwell	State OH	Zip Code 44076	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.30
<b>TOTAL</b> This Period (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 550 OF 1358
	<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. THOMAS C. HINKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 600

City State Zip Code  
Orwell OH 44076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.283068**

Amount of Each Receipt this Period  
25.00

**B. THOMAS C. HINKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 600

City State Zip Code  
Orwell OH 44076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
515.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.283436**

Amount of Each Receipt this Period  
25.00

**C. THOMAS C. HINKLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 600

City State Zip Code  
Orwell OH 44076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.283799**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 551 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SAMUEL L. HISLE</b>			Date of Receipt
Mailing Address 3660 Third Avenue			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282314</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SAMUEL L. HISLE</b>			Date of Receipt
Mailing Address 3660 Third Avenue			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282345</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="675.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ELIZABETH C. HO</b>			Date of Receipt
Mailing Address 1511 Kalaniewai Street			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281616</b>
Honolulu	HI	96821	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.26"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1133.72"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="96.26"/>
<b>TOTAL</b> 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 552 OF 1358
	<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. ELIZABETH C. HO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1179.98**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281810**

Amount of Each Receipt this Period **46.26**

**B. ELIZABETH C. HO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1511 Kalaniewai Street

City Honolulu State HI Zip Code 96821

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1226.24**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282002**

Amount of Each Receipt this Period **46.26**

**C. MARGARET HOAK**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 264

City Warren State PA Zip Code 16365

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **897.94**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282662**

Amount of Each Receipt this Period **75.26**

**SUBTOTAL** of Receipts This Page (optional)..... **167.78**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 553 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KARLA HODGE</b>			Date of Receipt
Mailing Address 1212 N. 14th Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282663</b>
Harrisburg	PA	17103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="73.16"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="877.92"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROBERT F. HODGE</b>			Date of Receipt
Mailing Address 547 Eastland Mobile Home			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283801</b>
Georgetown	OH	45121	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	MAINTENANCE REPAIR TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MELISSA I HODGES</b>			Date of Receipt
Mailing Address 29 MEADOW PARK DR			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287429</b>
MILFROD	CT	06461	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="201.60"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="89.56"/>
<b>TOTAL</b> 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 554 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MELISSA I HODGES</b>		Date of Receipt
Mailing Address 29 MEADOW PARK DR		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
MILFROD	CT	06461
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287430</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CT CN 4	STAFF REPRESENTATIVE	<input type="text" value="8.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MELISSA I HODGES</b>		Date of Receipt
Mailing Address 29 MEADOW PARK DR		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
MILFROD	CT	06461
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287431</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CT CN 4	STAFF REPRESENTATIVE	<input type="text" value="8.40"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="218.40"/>	

Full Name (Last, First, Middle Initial) <b>C. MONIQUE P. HODGES</b>		Date of Receipt
Mailing Address 3346 Craig Drive #K244		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hammond	IN	46323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285382</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31/STATE OF IL	ADMIN ASSISTANT II	<input type="text" value="19.22"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="36.02"/>
<b>TOTAL</b> 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 555 OF 1358
<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. MONIQUE P. HODGES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3346 Craig Drive #K244  
 City Hammond State IN Zip Code 46323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ADMIN ASSISTANT II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.86

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285503**  
 Amount of Each Receipt this Period 19.22

**B. MARY A. HODGSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1306 S. 6th Street  
 City Springfield State IL Zip Code 62703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285383**  
 Amount of Each Receipt this Period 20.84

**C. MARY A. HODGSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1306 S. 6th Street  
 City Springfield State IL Zip Code 62703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.50

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285504**  
 Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.90  
**TOTAL** This Period (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 556 OF 1358
	<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. DONNA L. HOFLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Division Avenue W

City State Zip Code  
Bremerton WA 98312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA SUPPLY OFFICE I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **529.00**

Date of Receipt  
**12 / 10 / 2012**

**Transaction ID : SA11AI.285698**

Amount of Each Receipt this Period  
**23.00**

**B. DONNA L. HOFLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Division Avenue W

City State Zip Code  
Bremerton WA 98312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA SUPPLY OFFICE I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **552.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.285975**

Amount of Each Receipt this Period  
**23.00**

**C. DAVID HOHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1983 KIRBY WAY

City State Zip Code  
SAN JOSE CA 95124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME CA CN 57 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **200.40**

Date of Receipt  
**11 / 27 / 2012**

**Transaction ID : SA11AI.287695**

Amount of Each Receipt this Period  
**200.40**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>246.40</b>
<b>TOTAL</b> This Period (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 557 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DAVID HOHL</b>		Date of Receipt
Mailing Address 1983 KIRBY WAY		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAN JOSE	CA	95124
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287697</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="16.70"/>
Name of Employer	Occupation	
AFSCME CA CN 57	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="217.10"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KAREN S HOLDRIDGE</b>		Date of Receipt
Mailing Address 3511 Huntingbrook Drive #207		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43213
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282315</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KAREN S HOLDRIDGE</b>		Date of Receipt
Mailing Address 3511 Huntingbrook Drive #207		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43213
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282346</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="675.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="66.70"/>
<b>TOTAL</b> 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 558 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. CHRISTINE D. HOLLAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29332 Kearsley Road  
 City Millbury State OH Zip Code 43447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/OREGON BOE Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282468**  
 Amount of Each Receipt this Period  
 41.67

**B. SYLVIA E. HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 958 Sodom Hutchings Road SE  
 City Vienna State OH Zip Code 44473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282469**  
 Amount of Each Receipt this Period  
 9.62

**C. SYLVIA E. HOLMES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 958 Sodom Hutchings Road SE  
 City Vienna State OH Zip Code 44473  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 362.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282470**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	70.53
<b>TOTAL</b> This Period (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 559 OF 1358
	<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. KAREN HOLNESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 Migeon Avenue

City Torrington	State CT	Zip Code 06790-0000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287490**

Amount of Each Receipt this Period  
84.00

**B. KAREN HOLNESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 Migeon Avenue

City Torrington	State CT	Zip Code 06790-0000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287491**

Amount of Each Receipt this Period  
36.00

**C. THOMAS M. HOLSINGER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1014 Franklin Street

City Roaring Spring	State PA	Zip Code 16673
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282752**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (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 560 OF 1358
	<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. THOMAS M. HOLSINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Franklin Street

City Roaring Spring State PA Zip Code 16673

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 31 / 2012**

**Transaction ID : SA11AI.282831**

Amount of Each Receipt this Period  
**300.00**

**B. KEITH J. HOLZHAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 34164 Gina Drive

City North Ridgeville State OH Zip Code 44039

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTIONAL RECORDS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.283803**

Amount of Each Receipt this Period  
**8.00**

**C. COLLEEN HOMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6515 Forest Court

City Windsor Heights State IA Zip Code 50324

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation DELEGATE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **517.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 13 / 2012**

**Transaction ID : SA11AI.284395**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 561 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. DANNY J. HOMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.284173**  
 Amount of Each Receipt this Period  
 70.00

**B. DANNY J. HOMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284396**  
 Amount of Each Receipt this Period  
 80.00

**C. DANNY J. HOMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284203**  
 Amount of Each Receipt this Period  
 70.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<b>TOTAL</b> This Period (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 562 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. FRANCINE W. HONDA</b>		Date of Receipt
Mailing Address 888 Mililani Street Suite 601		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Honolulu	State HI	Zip Code 96813-2991
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285043</b>
Name of Employer AFSCME HI LOC 152		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="300.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER HOOSER</b>		Date of Receipt
Mailing Address 615 South Second Street		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Decatur	State IL	Zip Code 62526
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284861</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="60.80"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="353.72"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER HOOSER</b>		Date of Receipt
Mailing Address 615 South Second Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Decatur	State IL	Zip Code 62526
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284679</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="60.80"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="414.52"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="146.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 563 OF 1358
	<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. JOHN D. HORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8615 Maineville Road

City State Zip Code  
Maineville OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2012  
**Transaction ID : SA11AI.282160**

Amount of Each Receipt this Period  
38.48

**B. JOHN D. HORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8615 Maineville Road

City State Zip Code  
Maineville OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.282217**

Amount of Each Receipt this Period  
19.24

**C. JOHN D. HORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8615 Maineville Road

City State Zip Code  
Maineville OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : SA11AI.282272**

Amount of Each Receipt this Period  
19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.96

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 564 OF 1358  
(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. DEANNA M. HORNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 SE Umatilla Street  
 City Portland State OR Zip Code 97202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285176**  
 Amount of Each Receipt this Period  
 20.00

**B. DEANNA M. HORNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 SE Umatilla Street  
 City Portland State OR Zip Code 97202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285281**  
 Amount of Each Receipt this Period  
 20.00

**C. TIMOTHY M. HOSHAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 239  
 City Coleraine State MN Zip Code 55722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 790.56

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284519**  
 Amount of Each Receipt this Period  
 65.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.88  
**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 565 OF 1358
	<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. CHRISTINE R. HOSKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 James Street  
 City Upper Marlboro State MD Zip Code 20772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MEMBER SERVICES COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **873.78**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281619**  
 Amount of Each Receipt this Period **40.38**

**B. CHRISTINE R. HOSKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 James Street  
 City Upper Marlboro State MD Zip Code 20772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MEMBER SERVICES COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **914.16**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281812**  
 Amount of Each Receipt this Period **40.38**

**C. CHRISTINE R. HOSKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8306 James Street  
 City Upper Marlboro State MD Zip Code 20772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation MEMBER SERVICES COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **954.54**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.282004**  
 Amount of Each Receipt this Period **40.38**

**SUBTOTAL** of Receipts This Page (optional)..... **121.14**  
**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 566 OF 1358
<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. MICHAEL J. HOUSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem State OR Zip Code 97301

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.285177**

Amount of Each Receipt this Period **200.00**

**B. DONNA R. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2462 Meredith Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE ASSOCIATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.283075**

Amount of Each Receipt this Period **10.00**

**C. DONNA R. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2462 Meredith Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE ASSOCIATE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.283443**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 567 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DONNA R. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2462 Meredith Drive

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICE ASSOCIATE
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283806**

Amount of Each Receipt this Period  
10.00

**B. MARQUETTA L. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6662 Bennell Drive

City Reynoldsburg	State OH	Zip Code 43068
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT I
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284038**

Amount of Each Receipt this Period  
15.00

**C. MARQUETTA L. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6662 Bennell Drive

City Reynoldsburg	State OH	Zip Code 43068
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE ASSISTANT I
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283076**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 568 OF 1358
	<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. MARQUETTA L. HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6662 Bennell Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283444**  
 Amount of Each Receipt this Period  
 15.00

**B. MARQUETTA L. HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6662 Bennell Drive  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283807**  
 Amount of Each Receipt this Period  
 15.00

**C. RONALD J. HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2002 SW Willow Pkwy.  
 City Gresham State OR Zip Code 97080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation OFFICE SPECIALIST 2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285178**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 569 OF 1358
	<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. RONALD J. HOWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2002 SW Willow Pkwy.

City Gresham State OR Zip Code 97080

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation OFFICE SPECIALIST 2

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285282**

Amount of Each Receipt this Period  
 30.00

**B. REBECCA E. HOWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 738 3rd Street E

City Cresco State IA Zip Code 52136

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286417**

Amount of Each Receipt this Period  
 9.10

**C. DONALD T. HOWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Forest Avenue

City West Babylon State NY Zip Code 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286317**

Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	69.10
<b>TOTAL</b> This Period (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 570 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DONALD T. HOWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Forest Avenue

City West Babylon State NY Zip Code 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286352**

Amount of Each Receipt this Period  
 20.00

**B. DONALD T. HOWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Forest Avenue

City West Babylon State NY Zip Code 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.286326**

Amount of Each Receipt this Period  
 10.00

**C. DONALD T. HOWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 165 Forest Avenue

City West Babylon State NY Zip Code 11704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286327**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 571 OF 1358  
(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. GLORIA J HOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 E Dunedin Road  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282316**  
 Amount of Each Receipt this Period  
 12.50

**B. GLORIA J HOWELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1801 E Dunedin Road  
 City Columbus State OH Zip Code 43224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 377.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282347**  
 Amount of Each Receipt this Period  
 12.50

**C. MELANIE S. HOYLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2331  
 City Springfield State IL Zip Code 62705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ADMIN ASSISTANT I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 517.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285385**  
 Amount of Each Receipt this Period  
 44.96

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.96  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 572 OF 1358	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MELANIE S. HOYLE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285506</b>	
Mailing Address P.O. Box 2331			Amount of Each Receipt this Period 44.96	
City Springfield	State IL	Zip Code 62705		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation ADMIN ASSISTANT I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 562.00		

Full Name (Last, First, Middle Initial) <b>B. TONIA S. HOYT</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286418</b>	
Mailing Address 4320 NW Second Avenue			Amount of Each Receipt this Period 9.62	
City Des Moines	State IA	Zip Code 50313		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 202.02		

Full Name (Last, First, Middle Initial) <b>C. MARY A. HUBBARD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.286623</b>	
Mailing Address 2605 Randolph Street			Amount of Each Receipt this Period 16.72	
City Waterloo	State IA	Zip Code 50702		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.64		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	71.30
<b>TOTAL</b> This Period (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 573 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ROBERT J. HUBBARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Pioneer Road

City Weiser	State ID	Zip Code 83672
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation SECURITY GUARD
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285179**

Amount of Each Receipt this Period  

40.00
-------

**B. ROBERT J. HUBBARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 55 Pioneer Road

City Weiser	State ID	Zip Code 83672
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation SECURITY GUARD
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.82**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285283**

Amount of Each Receipt this Period  

40.00
-------

**C. REGINA G. HUDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285701**

Amount of Each Receipt this Period  

12.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.00</b>
<b>TOTAL</b> This Period (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 574 OF 1358
	<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. REGINA G. HUDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285978**

Amount of Each Receipt this Period  
12.00

**B. RONALD HUDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N Wacker

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 653.10

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284862**

Amount of Each Receipt this Period  
60.80

**C. RONALD HUDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N Wacker

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 713.90

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284680**

Amount of Each Receipt this Period  
60.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 133.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 575 OF 1358
	<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	<input type="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. ELIZABETH K. HUFFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Inman Ave South

City Cottage Grove State MN Zip Code 55016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **366.80**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281620**

Amount of Each Receipt this Period  
**17.02**

**B. ELIZABETH K. HUFFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Inman Ave South

City Cottage Grove State MN Zip Code 55016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **383.82**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281813**

Amount of Each Receipt this Period  
**17.02**

**C. ELIZABETH K. HUFFMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7429 Inman Ave South

City Cottage Grove State MN Zip Code 55016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD OFFICE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.84**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282005**

Amount of Each Receipt this Period  
**17.02**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>51.06</b>
<b>TOTAL</b> This Period (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 576 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. SAMUEL M. HUGGINS</b>		Date of Receipt
Mailing Address 235 Scenic Hill Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carnegie	PA	15106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281621</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	REGIONAL FIELD ADMINISTRATOR	<input type="text" value="33.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="457.37"/>	

Full Name (Last, First, Middle Initial) <b>B. SAMUEL M. HUGGINS</b>		Date of Receipt
Mailing Address 235 Scenic Hill Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carnegie	PA	15106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281814</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	REGIONAL FIELD ADMINISTRATOR	<input type="text" value="33.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="490.71"/>	

Full Name (Last, First, Middle Initial) <b>C. SAMUEL M. HUGGINS</b>		Date of Receipt
Mailing Address 235 Scenic Hill Drive		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Carnegie	PA	15106
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282006</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	REGIONAL FIELD ADMINISTRATOR	<input type="text" value="33.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="524.05"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.02"/>
<b>TOTAL</b> 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 577 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JACK E. HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.284440</b>
Mailing Address 190 W. Ostend Street Suite 101		Amount of Each Receipt this Period 50.84
City Baltimore	State MD	
Zip Code 21230		Aggregate Year-to-Date ▼ 610.08
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 610.08		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.284441</b>
Mailing Address 190 W. Ostend Street Suite 101		Amount of Each Receipt this Period 56.84
City Baltimore	State MD	
Zip Code 21230		Aggregate Year-to-Date ▼ 682.08
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 682.08		

Full Name (Last, First, Middle Initial) <b>C. SUSAN M. HUGHES</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284086</b>
Mailing Address 6005 Cory Court SE		Amount of Each Receipt this Period 21.00
City Lacey	State WA	
Zip Code 98513		Aggregate Year-to-Date ▼ 231.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28	Occupation FINANCIAL MANAGER	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 231.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.68
<b>TOTAL</b> This Period (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 578 OF 1358
	<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. SUSAN M. HUGHES**  
Full Name (Last, First, Middle Initial)

Mailing Address 6005 Cory Court SE

City Lacey State WA Zip Code 98513

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation FINANCIAL MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284135**

Amount of Each Receipt this Period  
 21.00

**B. CHUNG HUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 21235 Bunyan Circle

City Germantown State MD Zip Code 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL FINANCE COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 909.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281622**

Amount of Each Receipt this Period  
 41.33

**C. CHUNG HUI**  
Full Name (Last, First, Middle Initial)

Mailing Address 21235 Bunyan Circle

City Germantown State MD Zip Code 20876

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL FINANCE COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281815**

Amount of Each Receipt this Period  
 41.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	103.66
<b>TOTAL</b> This Period (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 579 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHUNG HUI</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012
Mailing Address 21235 Bunyan Circle			<b>Transaction ID : SA11AI.282007</b>
City Germantown	State MD	Zip Code 20876	Amount of Each Receipt this Period 42.46
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation POLITICAL FINANCE COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.05		

Full Name (Last, First, Middle Initial) <b>B. BARRIE E. HULL</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012
Mailing Address 4375 BOBLETT RD			<b>Transaction ID : SA11AI.287565</b>
City BLAINE	State WA	Zip Code 98230	Amount of Each Receipt this Period 220.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA RET CHPT 10	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. BARRIE E. HULL</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 13 / 2012
Mailing Address 4375 BOBLETT RD			<b>Transaction ID : SA11AI.287563</b>
City BLAINE	State WA	Zip Code 98230	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA RET CHPT 10	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>SUBTOTAL</b> of Receipts This Page (optional).....▶	282.46
<b>TOTAL</b> This Period (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 580 OF 1358
	<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. WAYNE D. HUMPHREY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 508 Hayes Road  
 City Toledo State OH Zip Code 43615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282474**  
 Amount of Each Receipt this Period 9.62

**B. ROBERT H. HUNGERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6685 Canterbury Drive  
 City Gladstone State OR Zip Code 97027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285180**  
 Amount of Each Receipt this Period 40.00

**C. DAWN M. HUNLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 215 Grover Street  
 City Nelsonville State OH Zip Code 45764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER REP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283291**  
 Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.62  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 581 OF 1358
	<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. DAWN M. HUNLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Grover Street

City Nelsonville	State OH	Zip Code 45764
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER REP
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283655**

Amount of Each Receipt this Period  
15.00

**B. DAWN M. HUNLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 215 Grover Street

City Nelsonville	State OH	Zip Code 45764
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER REP
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284018**

Amount of Each Receipt this Period  
15.00

**C. DAN HUNT**  
Full Name (Last, First, Middle Initial)

Mailing Address 35992 Woodbridge Circle #8

City Farmington Hills	State MI	Zip Code 48535
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284245**

Amount of Each Receipt this Period  
10.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.50
<b>TOTAL</b> This Period (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 582 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DAN HUNT</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.284294</b>
Mailing Address 35992 Woodbridge Circle #8		Amount of Each Receipt this Period 10.50
City Farmington Hills	State MI	Zip Code 48535
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. ANITA L. HUNTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284087</b>
Mailing Address 9143 Delphi Road SW		Amount of Each Receipt this Period 20.00
City Olympia	State WA	Zip Code 98512
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. ANITA L. HUNTER</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284136</b>
Mailing Address 9143 Delphi Road SW		Amount of Each Receipt this Period 20.00
City Olympia	State WA	Zip Code 98512
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.50
<b>TOTAL</b> This Period (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 583 OF 1358
	<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. LATOYA E. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8208 S. Wabash Avenue

City Chicago State IL Zip Code 60619

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285507**

Amount of Each Receipt this Period 8.40

**B. MICHELLE R. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 S. Kilmer Street

City Dayton State OH Zip Code 45408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.284039**

Amount of Each Receipt this Period 20.00

**C. MICHELLE R. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 S. Kilmer Street

City Dayton State OH Zip Code 45408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation THERAPUTIC PROGRAM TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 289.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283079**

Amount of Each Receipt this Period 16.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.40

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 584 OF 1358
	<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. MICHELLE R. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 S. Kilmer Street

City Dayton	State OH	Zip Code 45408
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283447**

Amount of Each Receipt this Period  

16.00
-------

**B. MICHELLE R. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 S. Kilmer Street

City Dayton	State OH	Zip Code 45408
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **321.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283810**

Amount of Each Receipt this Period  

16.00
-------

**C. RENEE M. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1406 Gemini Street SE

City Lacey	State WA	Zip Code 98503
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation NETWORK ADMINISTRATOR
-------------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284088**

Amount of Each Receipt this Period  

21.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>53.00</b>
<b>TOTAL</b> This Period (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 585 OF 1358
	<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"/>	<input type="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. RENEE M. HUNTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1406 Gemini Street SE

City Lacey State WA Zip Code 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation NETWORK ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284137**

Amount of Each Receipt this Period 21.00

**B. WILLIAM S. HURLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4805 Monnett Chapel Road

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALION BOE Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.12

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282476**

Amount of Each Receipt this Period 41.68

**C. WILLIAM S. HURLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4805 Monnett Chapel Road

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GALION BOE Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 395.96

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282477**

Amount of Each Receipt this Period 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 83.52

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 586 OF 1358  
(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. DEBBIE L. HUSSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13944 Venice Court  
 City Oregon City State OR Zip Code 97045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation EMERG COMMUN DISPATC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 293.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285181**  
 Amount of Each Receipt this Period  
 20.00

**B. DEBBIE L. HUSSEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13944 Venice Court  
 City Oregon City State OR Zip Code 97045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation EMERG COMMUN DISPATC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 313.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285284**  
 Amount of Each Receipt this Period  
 20.00

**C. NANCY J. IANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Plitt Avenue  
 City Farmingdale State NY Zip Code 11735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 289.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286318**  
 Amount of Each Receipt this Period  
 28.86

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.86  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 587 OF 1358  
(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. NANCY J. IANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Plitt Avenue  
 City Farmingdale State NY Zip Code 11735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 308.26

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.286328**  
 Amount of Each Receipt this Period 19.24

**B. NANCY J. IANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Plitt Avenue  
 City Farmingdale State NY Zip Code 11735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 317.88

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.286329**  
 Amount of Each Receipt this Period 9.62

**C. NANCY J. IANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Plitt Avenue  
 City Farmingdale State NY Zip Code 11735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 327.50

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286330**  
 Amount of Each Receipt this Period 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 38.48  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 588 OF 1358
<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. JOSE IBARRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5210 NE Everett Street

City Portland	State OR	Zip Code 97213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation CORRECTIONAL SERGEANT
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285182**

Amount of Each Receipt this Period  

20.00
-------

**B. JOSE IBARRA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5210 NE Everett Street

City Portland	State OR	Zip Code 97213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation CORRECTIONAL SERGEANT
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285285**

Amount of Each Receipt this Period  

20.00
-------

**C. DOUGLAS B. INMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2490 Wilshire Road

City Cortland	State OH	Zip Code 44410
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283080**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> This Period (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 589 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DOUGLAS B. INMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2490 Wilshire Road

City Cortland State OH Zip Code 44410

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283448**

Amount of Each Receipt this Period 10.00

**B. DOUGLAS B. INMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2490 Wilshire Road

City Cortland State OH Zip Code 44410

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283811**

Amount of Each Receipt this Period 10.00

**C. CARLA INSINGA-MINSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4287 South Carolina Drive

City Blue Ridge State PA Zip Code 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1433.44

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282664**

Amount of Each Receipt this Period 98.18

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.18

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 590 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ANNE IRVING</b>			Date of Receipt
Mailing Address 5243 N. Lind Avenue			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284863</b>
Chicago	IL	60630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="73.34"/>
Name of Employer	Occupation		
AFSCME IL CN 31	DIRECTOR OF PUBLIC POLICY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="806.74"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ANNE IRVING</b>			Date of Receipt
Mailing Address 5243 N. Lind Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284681</b>
Chicago	IL	60630	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="73.34"/>
Name of Employer	Occupation		
AFSCME IL CN 31	DIRECTOR OF PUBLIC POLICY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="880.08"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LISA L. IRWIN</b>			Date of Receipt
Mailing Address 402 Hamilton Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282754</b>
McKees Rock	PA	15136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	TUNNEL MANAGER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="319.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="158.68"/>
<b>TOTAL</b> 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 591 OF 1358
	<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. LISA L. IRWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 402 Hamilton Street

City McKees Rock State PA Zip Code 15136

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation TUNNEL MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **331.00**

Date of Receipt **12 / 31 / 2012**

**Transaction ID : SA11AI.282833**

Amount of Each Receipt this Period **12.00**

**B. RUSSELL H. IRWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 952 N. 1st Street

City Springfield State IL Zip Code 62702

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ENVIRONMENTALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285388**

Amount of Each Receipt this Period **50.00**

**C. RUSSELL H. IRWIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 952 N. 1st Street

City Springfield State IL Zip Code 62702

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation ENVIRONMENTALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285509**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **112.00**

**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 592 OF 1358
	<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. JACK ISHITANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 359 E 5th Avenue

City Spokane	State WA	Zip Code 99202
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285981**

Amount of Each Receipt this Period  

95.04	95.04	95.04	95.04	95.04
10.00				

**B. WILLIAM ISLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7708 Quest Lane

City Bowie	State MD	Zip Code 20720
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation MANAGER, GENERAL SERVICES
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281623**

Amount of Each Receipt this Period  

95.04	95.04	95.04	95.04	95.04
42.52				

**C. WILLIAM ISLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7708 Quest Lane

City Bowie	State MD	Zip Code 20720
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation MANAGER, GENERAL SERVICES
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
977.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281816**

Amount of Each Receipt this Period  

95.04	95.04	95.04	95.04	95.04
42.52				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.04
<b>TOTAL</b> This Period (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 593 OF 1358
	<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. WILLIAM ISLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7708 Quest Lane

City Bowie State MD Zip Code 20720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation MANAGER, GENERAL SERVICES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282008**

Amount of Each Receipt this Period  
 42.52

**B. GNA M. ISON**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282904**

Amount of Each Receipt this Period  
 30.00

**C. DOROTHY IVEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3857 White Plains Road #4

City Bronx State NY Zip Code 10467

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/ADMIN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286208**

Amount of Each Receipt this Period  
 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 111.00

**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 594 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. DOROTHY IVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3857 White Plains Road #4  
 City Bronx State NY Zip Code 10467  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AFSCME NY LOC 1000/ADMIN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 221.26

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286222**  
 Amount of Each Receipt this Period 9.62

**B. DOROTHY IVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3857 White Plains Road #4  
 City Bronx State NY Zip Code 10467  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AFSCME NY LOC 1000/ADMIN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 230.88

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.286236**  
 Amount of Each Receipt this Period 9.62

**C. ALBERT JACKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3690 Orange Place Suite 550  
 City Beachwood State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. C  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 461.76

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282161**  
 Amount of Each Receipt this Period 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.72  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 595 OF 1358
	<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. ALBERT JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3690 Orange Place  
Suite 550

City Beachwood State OH Zip Code 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
481.00

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.282218**

Amount of Each Receipt this Period  
19.24

**B. ALBERT JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3690 Orange Place  
Suite 550

City Beachwood State OH Zip Code 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.24

Date of Receipt  
12 / 27 / 2012  
**Transaction ID : SA11AI.282273**

Amount of Each Receipt this Period  
19.24

**C. DARREN A. JACKSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4713 E. 86th Street

City Garfield Height State OH Zip Code 44125

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283081**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 596 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. DARREN A. JACKSON</b>			Date of Receipt
Mailing Address 4713 E. 86th Street			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283449</b>
Garfield Height	OH	44125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	WKRS COMPENSATION SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DARREN A. JACKSON</b>			Date of Receipt
Mailing Address 4713 E. 86th Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283812</b>
Garfield Height	OH	44125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	WKRS COMPENSATION SPECIALIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GRETA JACKSON</b>			Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284442</b>
Baltimore	MD	21230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.66"/>
Name of Employer	Occupation		
AFSCME MD CN 982	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="559.92"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="66.66"/>
<b>TOTAL</b> 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 597 OF 1358
	<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. JERRY JACKSON-FOWLKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3385 Penfield Road

City Columbus State OH Zip Code 44327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283083**

Amount of Each Receipt this Period 15.00

**B. JERRY JACKSON-FOWLKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3385 Penfield Road

City Columbus State OH Zip Code 44327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 311.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283451**

Amount of Each Receipt this Period 15.00

**C. JERRY JACKSON-FOWLKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3385 Penfield Road

City Columbus State OH Zip Code 44327

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 326.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283814**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 598 OF 1358
	<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	<input type="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. SOLOMON JACOBSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 780 South Ivy Street

City Canby	State OR	Zip Code 97013
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285183**

Amount of Each Receipt this Period  
20.00

**B. SOLOMON JACOBSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 780 South Ivy Street

City Canby	State OR	Zip Code 97013
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285286**

Amount of Each Receipt this Period  
20.00

**C. CHERYL JAMES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1234 Mass Avenue  
Apt 404

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation OFFICE ASSISTANT III
----------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
235.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281624**

Amount of Each Receipt this Period  
5.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.50
<b>TOTAL</b> This Period (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 599 OF 1358
	<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. CHERYL JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Mass Avenue  
Apt 404

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.50

Date of Receipt  
12 / 11 / 2012  
Transaction ID : SA11AI.281817

Amount of Each Receipt this Period  
5.50

**B. CHERYL JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Mass Avenue  
Apt 404

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt  
12 / 21 / 2012  
Transaction ID : SA11AI.282009

Amount of Each Receipt this Period  
5.50

**C. JUSTUS JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1705 Platt Court

City Allentown State PA Zip Code 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 766.05

Date of Receipt  
12 / 12 / 2012  
Transaction ID : SA11AI.282665

Amount of Each Receipt this Period  
67.70

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 600 OF 1358
	<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. STEVEN E. JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2044 Kensington Street

City Harrisburg State PA Zip Code 17104-1924

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282755**

Amount of Each Receipt this Period 40.00

**B. STEVEN E. JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2044 Kensington Street

City Harrisburg State PA Zip Code 17104-1924

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282834**

Amount of Each Receipt this Period 40.00

**C. ROGER W, JANZIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9313 Columbus Avenue S.

City Bloomington State MN Zip Code 55420

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/METROPOLITAN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286762**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 601 OF 1358
	<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. ROGER W, JANZIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9313 Columbus Avenue S.

City Bloomington	State MN	Zip Code 55420
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/METROPOLITAN	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.286763**

Amount of Each Receipt this Period  
10.00

**B. ROGER W, JANZIG**  
Full Name (Last, First, Middle Initial)

Mailing Address 9313 Columbus Avenue S.

City Bloomington	State MN	Zip Code 55420
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/METROPOLITAN	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.286764**

Amount of Each Receipt this Period  
10.00

**C. ROGER F. JAQUAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 827 Stebbins Street

City Toledo	State OH	Zip Code 43609
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/MAUMEE CS	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282478**

Amount of Each Receipt this Period  
46.89

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.89
<b>TOTAL</b> This Period (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 602 OF 1358
	<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. RODNEY E. JARRELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285705**

Amount of Each Receipt this Period 10.50

**B. RODNEY E. JARRELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285982**

Amount of Each Receipt this Period 10.50

**C. EDWIN S. JAYNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3304 Alabama Avenue

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1252.68

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281625**

Amount of Each Receipt this Period 56.94

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.94

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 603 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWIN S. JAYNE</b>		Date of Receipt
Mailing Address 3304 Alabama Avenue		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.281818</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASSOCIATE DIRECTOR, LEGISLATION		<input type="text" value="56.94"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1309.62"/>	

Full Name (Last, First, Middle Initial) <b>B. EDWIN S. JAYNE</b>		Date of Receipt
Mailing Address 3304 Alabama Avenue		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Alexandria	State VA	Zip Code 22305
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.282010</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASSOCIATE DIRECTOR, LEGISLATION		<input type="text" value="56.94"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1366.56"/>	

Full Name (Last, First, Middle Initial) <b>C. KELLY JEANIE</b>		Date of Receipt
Mailing Address 3533 Sterling Heights Drive Unit G		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City River Falls	State MN	Zip Code 54022
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11Al.286822</b>
Name of Employer AFSCME MN CN 5/MRA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="128.88"/>
<b>TOTAL</b> 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 604 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KELLY JEANIE</b>		Date of Receipt
Mailing Address 3533 Sterling Heights Drive Unit G		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City River Falls	State MN	Zip Code 54022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286851</b>
Name of Employer AFSCME MN CN 5/MRA	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="120.00"/>
	<input type="text" value="345.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KELLY JEANIE</b>		Date of Receipt
Mailing Address 3533 Sterling Heights Drive Unit G		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City River Falls	State MN	Zip Code 54022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286823</b>
Name of Employer AFSCME MN CN 5/MRA	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="15.00"/>
	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KELLY JEANIE</b>		Date of Receipt
Mailing Address 3533 Sterling Heights Drive Unit G		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City River Falls	State MN	Zip Code 54022
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286824</b>
Name of Employer AFSCME MN CN 5/MRA	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="15.00"/>
	<input type="text" value="375.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 605 OF 1358
	<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	<input type="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. SYLVIA E. JEFFERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7955 18TH AVE

City Adelphi	State MD	Zip Code 20783
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 20	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **278.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287324**

Amount of Each Receipt this Period  

80.00
-------

**B. SYLVIA E. JEFFERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7955 18TH AVE

City Adelphi	State MD	Zip Code 20783
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 20	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.287323**

Amount of Each Receipt this Period  

10.00
-------

**C. SYLVIA E. JEFFERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7955 18TH AVE

City Adelphi	State MD	Zip Code 20783
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 20	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **298.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2012

**Transaction ID : SA11AI.287325**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (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 606 OF 1358
	<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. HOLLY A. JENKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Whitney Drive

City State Zip Code  
Fremont OH 43420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.283084**

Amount of Each Receipt this Period  
12.00

**B. HOLLY A. JENKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Whitney Drive

City State Zip Code  
Fremont OH 43420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.283452**

Amount of Each Receipt this Period  
12.00

**C. HOLLY A. JENKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Whitney Drive

City State Zip Code  
Fremont OH 43420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.283815**

Amount of Each Receipt this Period  
12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36.00

**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 607 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. PAMELA L. JENKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47604 Sandbank Square  
 City Potomac Falls State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1187.38

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281626**  
 Amount of Each Receipt this Period  
 57.73

**B. PAMELA L. JENKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47604 Sandbank Square  
 City Potomac Falls State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1245.11

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281819**  
 Amount of Each Receipt this Period  
 57.73

**C. PAMELA L. JENKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 47604 Sandbank Square  
 City Potomac Falls State VA Zip Code 20165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1302.84

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282011**  
 Amount of Each Receipt this Period  
 57.73

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.19
<b>TOTAL</b> This Period (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 608 OF 1358  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. BRIAN JENNINGS**

Mailing Address 1104 26th Street

City Des Moines      State IA      Zip Code 50311

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61      Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.64

Date of Receipt  
12 / 13 / 2012  
**Transaction ID : SA11AI.284397**

Amount of Each Receipt this Period  
48.00

Full Name (Last, First, Middle Initial)  
**B. KATHY JENNINGS**

Mailing Address 1212 Jefferson Street SE

City Olympia      State WA      Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA      Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285706**

Amount of Each Receipt this Period  
10.00

Full Name (Last, First, Middle Initial)  
**C. KATHY JENNINGS**

Mailing Address 1212 Jefferson Street SE

City Olympia      State WA      Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA      Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.285983**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.00

**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 609 OF 1358
<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. LYNDIA JENNINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1649 Franklin Park S.  
City Columbus State OH Zip Code 43205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.283085**  
Amount of Each Receipt this Period **12.00**

**B. LYNDIA JENNINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1649 Franklin Park S.  
City Columbus State OH Zip Code 43205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **12 / 14 / 2012**  
**Transaction ID : SA11AI.283453**  
Amount of Each Receipt this Period **12.00**

**C. LYNDIA JENNINGS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1649 Franklin Park S.  
City Columbus State OH Zip Code 43205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE SECRETARY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **312.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.283816**  
Amount of Each Receipt this Period **12.00**

**SUBTOTAL** of Receipts This Page (optional)..... **36.00**  
**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 610 OF 1358
	<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. THERESA L. JENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address E1814 Dayton Road

City Waupaca State WI Zip Code 54981

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.284961**

Amount of Each Receipt this Period  
 10.00

**B. THERESA L. JENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address E1814 Dayton Road

City Waupaca State WI Zip Code 54981

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.284962**

Amount of Each Receipt this Period  
 10.00

**C. THERESA L. JENSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address E1814 Dayton Road

City Waupaca State WI Zip Code 54981

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284963**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 611 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. RANDY R. JENSON</b>		Date of Receipt
Mailing Address 40 Van Buren Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.285184</b>
Umatilla	OR	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	LIBRARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RANDY R. JENSON</b>		Date of Receipt
Mailing Address 40 Van Buren Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.285287</b>
Umatilla	OR	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75/STATE OF OR	LIBRARIAN	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FRANK X. JEREZ</b>		Date of Receipt
Mailing Address 94 Karatzas Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.281627</b>
Manchester	NH	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="42.52"/>
Name of Employer	Occupation	
AFSCME INT'L	FIELD COORDINATOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="950.62"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="82.52"/>
<b>TOTAL</b> 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 612 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. FRANK X. JEREZ</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281820</b>
Mailing Address 94 Karatzas Avenue			Amount of Each Receipt this Period 42.52
City Manchester	State NH	Zip Code 03014-0000	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 993.14		

Full Name (Last, First, Middle Initial) <b>B. FRANK X. JEREZ</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282012</b>
Mailing Address 94 Karatzas Avenue			Amount of Each Receipt this Period 42.52
City Manchester	State NH	Zip Code 03014-0000	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.66		

Full Name (Last, First, Middle Initial) <b>C. LOUELLA JETER</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283086</b>
Mailing Address 1620 Tendril Court			Amount of Each Receipt this Period 10.00
City Columbus	State OH	Zip Code 43229	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICE REP		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 585.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.04
<b>TOTAL</b> This Period (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 613 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. LOUELLA JETER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283454</b>
Mailing Address 1620 Tendril Court			Amount of Each Receipt this Period 10.00
City Columbus	State OH	Zip Code 43229	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 595.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LOUELLA JETER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283817</b>
Mailing Address 1620 Tendril Court			Amount of Each Receipt this Period 10.00
City Columbus	State OH	Zip Code 43229	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 605.00	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation CUSTOMER SERVICE REP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LAURA JIMENEZ</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287698</b>
Mailing Address 1333 DAISY LN			Amount of Each Receipt this Period 200.40
City LIVERMORE	State CA	Zip Code 94551	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 200.40	
Name of Employer AFSCME CA CN 57		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.40
<b>TOTAL</b> This Period (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 614 OF 1358
	<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**

Full Name (Last, First, Middle Initial)  
**A. LAURA JIMENEZ**

Mailing Address 1333 DAISY LN

City State Zip Code  
LIVERMORE CA 94551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME CA CN 57 STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
217.10

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.287700**

Amount of Each Receipt this Period  
16.70

Full Name (Last, First, Middle Initial)  
**B. MONICA G. JOCHMANS**

Mailing Address 1045 Westcliff Curve

City State Zip Code  
Shoreview MN 55126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286804**

Amount of Each Receipt this Period  
80.00

Full Name (Last, First, Middle Initial)  
**C. MONICA G. JOCHMANS**

Mailing Address 1045 Westcliff Curve

City State Zip Code  
Shoreview MN 55126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/HENNEPIN COUNTY STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.286773**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 106.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 615 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MONICA G. JOCHMANS</b>		Date of Receipt
Mailing Address 1045 Westcliff Curve		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shoreview	MN	55126
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286789</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CARRIE V. JOHNSON</b>		Date of Receipt
Mailing Address 10561 Cranwood Court		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cincinnati	OH	45240
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284043</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	SECRETARY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CARRIE V. JOHNSON</b>		Date of Receipt
Mailing Address 10561 Cranwood Court		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cincinnati	OH	45240
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283088</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	SECRETARY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="275.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
<b>TOTAL</b> 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 616 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CARRIE V. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10561 Cranwood Court

City Cincinnati	State OH	Zip Code 45240
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
290.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283456**

Amount of Each Receipt this Period  
15.00

**B. CARRIE V. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 10561 Cranwood Court

City Cincinnati	State OH	Zip Code 45240
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation SECRETARY
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283819**

Amount of Each Receipt this Period  
15.00

**C. CHARLES A. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 366 Strouse Lane

City South Salem	State OH	Zip Code 45681
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283089**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 617 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHARLES A. JOHNSON</b>			Date of Receipt
Mailing Address 366 Strouse Lane			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283457</b>
South Salem	OH	45681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	TRANSPORTATION TECHN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CHARLES A. JOHNSON</b>			Date of Receipt
Mailing Address 366 Strouse Lane			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283820</b>
South Salem	OH	45681	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	TRANSPORTATION TECHN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. HELEN J. JOHNSON</b>			Date of Receipt
Mailing Address 837 Koebel Avenue			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284342</b>
Columbus	OH	43207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.06"/>
Name of Employer	Occupation		
AFSCME OH CN 8	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="412.39"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.06"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 618 OF 1358
	<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. JACQUELINE A. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 409 8th Street NW  
 City Faribault State MN Zip Code 55021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/CN 14 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286825**  
 Amount of Each Receipt this Period  
 20.00

**B. JODY K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7339 Pillsbury Avenue S  
 City Minneapolis State MN Zip Code 55423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286826**  
 Amount of Each Receipt this Period  
 20.00

**C. JODY K. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7339 Pillsbury Avenue S  
 City Minneapolis State MN Zip Code 55423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286727**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 619 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JOHN F. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3135 Parsons Avenue

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284343**

Amount of Each Receipt this Period  
 16.68

**B. KENYA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1934 Berkeley Road

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283093**

Amount of Each Receipt this Period  
 12.00

**C. KENYA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1934 Berkeley Road

City Columbus State OH Zip Code 43207

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283461**

Amount of Each Receipt this Period  
 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.68

**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 620 OF 1358
	<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. KENYA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1934 Berkeley Road

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.283824**

Amount of Each Receipt this Period  

92.00
-------

**B. KIMBERLY JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1727 207th Lane NE

City East Bethel	State MN	Zip Code 55011
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2012

**Transaction ID : SA11AI.286672**

Amount of Each Receipt this Period  

40.00
-------

**C. KIMBERLY JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1727 207th Lane NE

City East Bethel	State MN	Zip Code 55011
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.286728**

Amount of Each Receipt this Period  

40.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.00</b>
<b>TOTAL</b> This Period (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 621 OF 1358
	<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. RICHARD JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Rose

City Plymouth State MI Zip Code 48170

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284246**

Amount of Each Receipt this Period  
 10.00

**B. RICHARD JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 157 Rose

City Plymouth State MI Zip Code 48170

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284295**

Amount of Each Receipt this Period  
 10.00

**C. SETH M JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 7th Street NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2239.43

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281628**

Amount of Each Receipt this Period  
 102.20

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 122.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 622 OF 1358
	<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. SETH M JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 7th Street NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2341.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281821**

Amount of Each Receipt this Period  
102.20

**B. SETH M JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 7th Street NE

City Washington	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2443.83

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282013**

Amount of Each Receipt this Period  
102.20

**C. STEVE JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Summit Lake Shore Road

City Olympia	State WA	Zip Code 98502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/WSECU	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286161**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	224.40
<b>TOTAL</b> This Period (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 623 OF 1358
<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. STEVE JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1607 Summit Lake Shore Road

City Olympia	State WA	Zip Code 98502
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/WSECU	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.286159**

Amount of Each Receipt this Period  
20.00

**B. TAUREAN J. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1057 Hartford Avenue

City Akron	State OH	Zip Code 44320
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284344**

Amount of Each Receipt this Period  
16.70

**C. TERRA F. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Nome Avenue

City Akron	State OH	Zip Code 44320
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AKRON SUMMIT	Occupation TEACHER AIDE
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282479**

Amount of Each Receipt this Period  
26.32

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	63.02
<b>TOTAL</b> This Period (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 624 OF 1358
<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. TERRA F. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 807 Nome Avenue

City Akron	State OH	Zip Code 44320
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AKRON SUMMIT	Occupation TEACHER AIDE
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.72**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282480**

Amount of Each Receipt this Period  

52.56
-------

**B. TYWANNA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 White Street

City Hartford	State CT	Zip Code 06114-0000
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287492**

Amount of Each Receipt this Period  

116.90
--------

**C. TYWANNA JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 White Street

City Hartford	State CT	Zip Code 06114-0000
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **434.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287493**

Amount of Each Receipt this Period  

50.10
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>219.56</b>
<b>TOTAL</b> This Period (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 625 OF 1358
	<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. WINSTON JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 14574 Longacre

City Detroit State MI Zip Code 48227-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **669.76**

Date of Receipt **12 / 06 / 2012**

**Transaction ID : SA11AI.284247**

Amount of Each Receipt this Period **29.12**

**B. WINSTON JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 14574 Longacre

City Detroit State MI Zip Code 48227-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **698.88**

Date of Receipt **12 / 19 / 2012**

**Transaction ID : SA11AI.284296**

Amount of Each Receipt this Period **29.12**

**C. YVETTE M. JOHNSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6917 So. Wabash Avenue

City Chicago State IL Zip Code 60637

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **239.43**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285389**

Amount of Each Receipt this Period **20.82**

**SUBTOTAL** of Receipts This Page (optional)..... **79.06**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 626 OF 1358
	<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. YVETTE M. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6917 So. Wabash Avenue  
 City Chicago State IL Zip Code 60637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation OFFICE COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.84

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285510**  
 Amount of Each Receipt this Period 10.41

**B. JOANN JOHNTONY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 973 Shannon Road  
 City Girard State OH Zip Code 44420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation HEAD CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.06

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282481**  
 Amount of Each Receipt this Period 19.24

**C. JOANN JOHNTONY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 973 Shannon Road  
 City Girard State OH Zip Code 44420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/GIRARD CSD Occupation HEAD CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 584.54

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282482**  
 Amount of Each Receipt this Period 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 68.13  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 627 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEVEN JOINER</b>			Date of Receipt
Mailing Address 247 Maple Street			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284864</b>
Chester	IL	62233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.76"/>
Name of Employer	Occupation		
AFSCME IL CN 31	CONTRACT ADMINISTRATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="708.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. STEVEN JOINER</b>			Date of Receipt
Mailing Address 247 Maple Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284862</b>
Chester	IL	62233	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.76"/>
Name of Employer	Occupation		
AFSCME IL CN 31	CONTRACT ADMINISTRATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="779.26"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GERARD P. JOLLY</b>			Date of Receipt
Mailing Address 2107 Twin Flower Circle			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284044</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	FISCAL SPECIALIST I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="605.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="171.52"/>
<b>TOTAL</b> 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 628 OF 1358  
(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. GERARD P. JOLLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Twin Flower Circle  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 635.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283096**  
 Amount of Each Receipt this Period  
 30.00

**B. GERARD P. JOLLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Twin Flower Circle  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 665.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283464**  
 Amount of Each Receipt this Period  
 30.00

**C. GERARD P. JOLLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Twin Flower Circle  
 City State Zip Code  
 Grove City OH 43123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH FISCAL SPECIALIST I  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 695.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283827**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 629 OF 1358
	<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. ANDREW E. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5545 Shamrock Lane

City Fitchburg State WI Zip Code 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME WI CN 40/DANE COUNTY Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 11 / 27 / 2012  
**Transaction ID : SA11AI.287613**

Amount of Each Receipt this Period: 40.00

**B. ANDREW E. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5545 Shamrock Lane

City Fitchburg State WI Zip Code 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME WI CN 40/DANE COUNTY Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 10 / 2012  
**Transaction ID : SA11AI.287610**

Amount of Each Receipt this Period: 10.00

**C. ANDREW E. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5545 Shamrock Lane

City Fitchburg State WI Zip Code 53711

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME WI CN 40/DANE COUNTY Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 12 / 20 / 2012  
**Transaction ID : SA11AI.287612**

Amount of Each Receipt this Period: 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 630 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ANTHONY JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3240 Windwood Place NE

City Olympia State WA Zip Code 98506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **363.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284089**

Amount of Each Receipt this Period  
**33.00**

**B. ANTHONY JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3240 Windwood Place NE

City Olympia State WA Zip Code 98506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284138**

Amount of Each Receipt this Period  
**33.00**

**C. ERIC R. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 County Road East #203

City Vandnais Heights State MN Zip Code 55109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286854**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **86.00**

**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 631 OF 1358
	<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. ERIC R. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 County Road East  
#203

City Vandnais Heights State MN Zip Code 55109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 13 / 2012  
Transaction ID : SA11AI.286828

Amount of Each Receipt this Period  
10.00

**B. ERIC R. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1175 County Road East  
#203

City Vandnais Heights State MN Zip Code 55109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 27 / 2012  
Transaction ID : SA11AI.286829

Amount of Each Receipt this Period  
10.00

**C. GERALD E. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
645.00

Date of Receipt  
11 / 27 / 2012  
Transaction ID : SA11AI.286550

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 180.00

**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 632 OF 1358
	<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. GERALD E. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **685.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2012

**Transaction ID : SA11AI.286420**

Amount of Each Receipt this Period  

40.00
-------

**B. IDA M. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 E. Markison Avenue

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2012

**Transaction ID : SA11AI.282317**

Amount of Each Receipt this Period  

12.50
-------

**C. IDA M. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 E. Markison Avenue

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation TEACHER AIDE
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **377.50**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		24		2012

**Transaction ID : SA11AI.282348**

Amount of Each Receipt this Period  

12.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (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 633 OF 1358
<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. JACQUELYN P. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.96

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284443**

Amount of Each Receipt this Period  
42.08

**B. LORETTA L. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 E. Iroquois Trail

City Sandusky State OH Zip Code 44870

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283097**

Amount of Each Receipt this Period  
12.00

**C. LORETTA L. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 E. Iroquois Trail

City Sandusky State OH Zip Code 44870

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283465**

Amount of Each Receipt this Period  
12.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.08
<b>TOTAL</b> This Period (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 634 OF 1358
<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. LORETTA L. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 E. Iroquois Trail

City Sandusky State OH Zip Code 44870

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283828**

Amount of Each Receipt this Period **12.00**

**B. MICHAEL J. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.282905**

Amount of Each Receipt this Period **102.00**

**C. ROBERT D. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5036 S. K Street

City Tacoma State WA Zip Code 98408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285707**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **124.00**

**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 635 OF 1358
<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. ROBERT D. JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5036 S. K Street

City Tacoma State WA Zip Code 98408

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285984**

Amount of Each Receipt this Period  
 10.00

**B. TOAYIA JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 7571 Bayview Club Drive Apt. 2D

City Indianapolis State IN Zip Code 46250

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 599.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281629**

Amount of Each Receipt this Period  
 26.85

**C. TOAYIA JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 7571 Bayview Club Drive Apt. 2D

City Indianapolis State IN Zip Code 46250

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 626.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281822**

Amount of Each Receipt this Period  
 26.85

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 636 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TOAYIA JONES</b>		Date of Receipt
Mailing Address 7571 Bayview Club Drive Apt. 2D		M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
City Indianapolis	State IN	Zip Code 46250
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.282014</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation FIELD ADMINISTRATIVE ASSISTANT		26.85
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.00	

Full Name (Last, First, Middle Initial) <b>B. RENITA JONES-STREET</b>		Date of Receipt
Mailing Address 853 Glasgow Drive		M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012
City Cincinnati	State OH	Zip Code 45240
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.284345</b>
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		16.70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.78	

Full Name (Last, First, Middle Initial) <b>C. JACQUELINE L. JONES-WALSH</b>		Date of Receipt
Mailing Address 12401 Renton Avenue S. Apt. 307		M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012
City Seattle	State WA	Zip Code 98178
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.285708</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 483.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.55
<b>TOTAL</b> This Period (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 637 OF 1358
	<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. JACQUELINE L. JONES-WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12401 Renton Avenue S.  
 Apt. 307  
 City Seattle State WA Zip Code 98178  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285985**  
 Amount of Each Receipt this Period  
 21.00

**B. TERESA JOPPA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3911 7th Street  
 City Moorehead State MN Zip Code 56560  
 Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284520**  
 Amount of Each Receipt this Period  
 18.00

**C. BLANCHIE M. JORDAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5885 Bear Creek Drive  
 City Bedford Hts State OH Zip Code 44146  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283829**  
 Amount of Each Receipt this Period  
 8.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	47.00
<b>TOTAL</b> This Period (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 638 OF 1358
<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. RACHEL JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7836 Peachmont Avenue NW

City North Canton	State OH	Zip Code 44720
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282162**

Amount of Each Receipt this Period  
400.00

**B. RACHEL JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7836 Peachmont Avenue NW

City North Canton	State OH	Zip Code 44720
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282219**

Amount of Each Receipt this Period  
20.00

**C. RACHEL JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7836 Peachmont Avenue NW

City North Canton	State OH	Zip Code 44720
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282274**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 639 OF 1358
	<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. HOWARD JORGENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1024

City Medical Lake	State WA	Zip Code 99022
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA RET CHPT 10	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287560**

Amount of Each Receipt this Period  
 10.00

**B. HOWARD JORGENSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1024

City Medical Lake	State WA	Zip Code 99022
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA RET CHPT 10	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287559**

Amount of Each Receipt this Period  
 30.00

**C. PEGGY A. JOSEPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5266 Dillon Hills Drive

City Nashport	State OH	Zip Code 43830
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
348.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283100**

Amount of Each Receipt this Period  
 17.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> This Period (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 640 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PEGGY A. JOSEPH</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283468</b>
Mailing Address 5266 Dillon Hills Drive			Amount of Each Receipt this Period 17.00
City Nashport	State OH	Zip Code 43830	
FEC ID number of contributing federal political committee. C		Occupation STAFF REPRESENTATIVE	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Aggregate Year-to-Date ▼ 365.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. PEGGY A. JOSEPH</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283831</b>
Mailing Address 5266 Dillon Hills Drive			Amount of Each Receipt this Period 17.00
City Nashport	State OH	Zip Code 43830	
FEC ID number of contributing federal political committee. C		Occupation STAFF REPRESENTATIVE	
Name of Employer AFSCME OH LOC 11/STATE OF OH		Aggregate Year-to-Date ▼ 382.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. THERESA M. JOSEPH</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282485</b>
Mailing Address 129 E. Northgate Parkway			Amount of Each Receipt this Period 9.62
City Toledo	State OH	Zip Code 43612	
FEC ID number of contributing federal political committee. C		Occupation TEACHER AIDE	
Name of Employer AFSCME OH LOC 4/WASHINGTON LS		Aggregate Year-to-Date ▼ 213.16	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43.62
<b>TOTAL</b> This Period (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 641 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. THERESA M. JOSEPH</b>		Date of Receipt
Mailing Address 129 E. Northgate Parkway		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Toledo State OH Zip Code 43612		<b>Transaction ID : SA11AI.282486</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation TEACHER AIDE		<input type="text" value="19.24"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="232.40"/>	

Full Name (Last, First, Middle Initial) <b>B. ANDREW B. JOSHU</b>		Date of Receipt
Mailing Address 4201 N. 8th Street Road		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield State IL Zip Code 62707		<b>Transaction ID : SA11AI.285390</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS		<input type="text" value="20.84"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="239.66"/>	

Full Name (Last, First, Middle Initial) <b>C. ANDREW B. JOSHU</b>		Date of Receipt
Mailing Address 4201 N. 8th Street Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Springfield State IL Zip Code 62707		<b>Transaction ID : SA11AI.285511</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS		<input type="text" value="20.84"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="260.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.92"/>
<b>TOTAL</b> 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 642 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. CHARLES JURGONIS</b>		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281630</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, FINANCIAL SERVICES		<input type="text" value="163.88"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3605.36"/>	

Full Name (Last, First, Middle Initial) <b>B. CHARLES JURGONIS</b>		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281823</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, FINANCIAL SERVICES		<input type="text" value="163.88"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3769.24"/>	

Full Name (Last, First, Middle Initial) <b>C. CHARLES JURGONIS</b>		Date of Receipt
Mailing Address 11704 Bobs Ford Road		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Fairfax	State VA	Zip Code 22030
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282015</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, FINANCIAL SERVICES		<input type="text" value="163.88"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3933.12"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="491.64"/>
<b>TOTAL</b> 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 643 OF 1358
	<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. MARYBETH T. KACZYNSKI-HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 259.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287494**  
 Amount of Each Receipt this Period  
 184.00

**B. MARYBETH T. KACZYNSKI-HILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 283.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287495**  
 Amount of Each Receipt this Period  
 24.00

**C. SHERI L. KAESER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1722 211th Street East #30  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285709**  
 Amount of Each Receipt this Period  
 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 218.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 644 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SHERI L. KAESER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1722 211th Street East #30  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.285986**  
 Amount of Each Receipt this Period **10.50**

**B. IWALANI P. KAHEIKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 171 Desha Avenue  
 City Hilo State HI Zip Code 96720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.285045**  
 Amount of Each Receipt this Period **20.00**

**C. TONI R. KAMERER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 Grand Blvd.  
 City Bedford State OH Zip Code 44146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/BEDFORD Occupation SECURITY OFFICER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **269.21**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.282487**  
 Amount of Each Receipt this Period **41.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>72.17</b>
<b>TOTAL</b> This Period (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 645 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTINA P. KAOH</b>		Date of Receipt
Mailing Address 3607 10th Street NW Apt. A		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Washington State DC Zip Code 20010		<b>Transaction ID : SA11AI.281631</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I		<input type="text" value=""/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="15.00"/>
Aggregate Year-to-Date ▼		<input type="text" value="325.00"/>

Full Name (Last, First, Middle Initial) <b>B. CHRISTINA P. KAOH</b>		Date of Receipt
Mailing Address 3607 10th Street NW Apt. A		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Washington State DC Zip Code 20010		<b>Transaction ID : SA11AI.281824</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="340.00"/>
Aggregate Year-to-Date ▼		<input type="text" value=""/>

Full Name (Last, First, Middle Initial) <b>C. CHRISTINA P. KAOH</b>		Date of Receipt
Mailing Address 3607 10th Street NW Apt. A		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Washington State DC Zip Code 20010		<b>Transaction ID : SA11AI.282016</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST I		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="355.00"/>
Aggregate Year-to-Date ▼		<input type="text" value=""/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 646 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. RONALD G. KAPUNIAI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45-222 Keana Road  
 City Kaneohe State HI Zip Code 96744-2318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285046**  
 Amount of Each Receipt this Period  
 21.00

**B. CASEY L. KARNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 Buffalo Street  
 City Franklin State PA Zip Code 16323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282757**  
 Amount of Each Receipt this Period  
 40.00

**C. CASEY L. KARNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1214 Buffalo Street  
 City Franklin State PA Zip Code 16323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.282836**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.00
<b>TOTAL</b> This Period (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 647 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. STUART KATZENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 W. Ostend Street  
 Suite 101  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 670.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.284444**  
 Amount of Each Receipt this Period  
 55.84

**B. JASON KAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Cleveland  
 City Evanston State IL Zip Code 60202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation POLITICAL ACTION DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 806.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284865**  
 Amount of Each Receipt this Period  
 73.34

**C. JASON KAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Cleveland  
 City Evanston State IL Zip Code 60202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation POLITICAL ACTION DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284683**  
 Amount of Each Receipt this Period  
 73.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	202.52
<b>TOTAL</b> This Period (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 648 OF 1358
	<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. ALAN E. KEARNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9254 Highland Creek Road

City Bloomington State MN Zip Code 55437

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **724.08**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.284477**

Amount of Each Receipt this Period **60.34**

**B. EDWARD KEEFE**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Elm Street

City Amesbury State MA Zip Code 01913-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 05 / 2012**

**Transaction ID : SA11AI.284506**

Amount of Each Receipt this Period **20.00**

**C. KENNETH M. KEENER**  
Full Name (Last, First, Middle Initial)

Mailing Address R.R. 2 Box 210

City Vandalia State IL Zip Code 62471

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation EDUCATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285391**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.34**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 649 OF 1358  
(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. KENNETH M. KEENER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address R.R. 2 Box 210  
 City Vandalia State IL Zip Code 62471  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation EDUCATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285512**  
 Amount of Each Receipt this Period 200.00

**B. ROBERT E. KELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5428 78th Avenue NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 506.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284091**  
 Amount of Each Receipt this Period 46.00

**C. ROBERT E. KELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5428 78th Avenue NW  
 City Olympia State WA Zip Code 98502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 552.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284140**  
 Amount of Each Receipt this Period 46.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 112.00  
**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 650 OF 1358
	<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. SUSAN M. KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5428 78th Avenue NW

City Olympia State WA Zip Code 98502

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **514.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284092**

Amount of Each Receipt this Period  
**42.00**

**B. SUSAN M. KELLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5428 78th Avenue NW

City Olympia State WA Zip Code 98502

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **556.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284141**

Amount of Each Receipt this Period  
**42.00**

**C. JACQUELINE KELLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 17130 Barneston Street

City Granada Hills State CA Zip Code 91344

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287255**

Amount of Each Receipt this Period  
**8.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.00</b>
<b>TOTAL</b> This Period (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 651 OF 1358
	<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	<input type="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. JOHN W. KELLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
248.01

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286551**

Amount of Each Receipt this Period  
47.24

**B. JOHN W. KELLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
259.82

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286421**

Amount of Each Receipt this Period  
11.81

**C. DONALD JOSEPH KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Glen Drive

City Troy	State NY	Zip Code 12180
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
511.76

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286299**

Amount of Each Receipt this Period  
38.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	97.53
<b>TOTAL</b> This Period (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 652 OF 1358
	<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	<input type="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. DONALD JOSEPH KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Glen Drive  
 City Troy State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 531.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286306**  
 Amount of Each Receipt this Period  
 19.24

**B. DONALD JOSEPH KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Glen Drive  
 City Troy State NY Zip Code 12180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.286313**  
 Amount of Each Receipt this Period  
 19.24

**C. WENDY A. KELLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13303 Alvin Avenue  
 City Garfield Height State OH Zip Code 44105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283103**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.48
<b>TOTAL</b> This Period (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 653 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. WENDY A. KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 13303 Alvin Avenue

City Garfield Height	State OH	Zip Code 44105
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283471**

Amount of Each Receipt this Period  
10.00

**B. WENDY A. KELLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 13303 Alvin Avenue

City Garfield Height	State OH	Zip Code 44105
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation WKRS COMPENSATION SPECIALIST
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283834**

Amount of Each Receipt this Period  
10.00

**C. LYNN E. KEMP**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE
--------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282906**

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 654 OF 1358
	<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. JUSTEN K. KEMPFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5611 Dew Drop Landing  
 City State Zip Code  
 Evansville IL 62242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285392**  
 Amount of Each Receipt this Period  
 20.00

**B. JUSTEN K. KEMPFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5611 Dew Drop Landing  
 City State Zip Code  
 Evansville IL 62242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL CORRECTIONAL OFFICER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285513**  
 Amount of Each Receipt this Period  
 20.00

**C. MARGARET A. KEMRER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1125 12th Avenue SE  
 Apt. A105  
 City State Zip Code  
 Olympia WA 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285710**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 655 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARGARET A. KEMRER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285987</b>
Mailing Address 1125 12th Avenue SE Apt. A105		Amount of Each Receipt this Period 90.00
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 240.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH A. KENDO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284093</b>
Mailing Address 2119 N 59th Street		Amount of Each Receipt this Period 40.00
City Seattle	State WA Zip Code 98103	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 440.00
Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH A. KENDO</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284142</b>
Mailing Address 2119 N 59th Street		Amount of Each Receipt this Period 40.00
City Seattle	State WA Zip Code 98103	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 480.00
Name of Employer AFSCME WA CN 28	Occupation COUNCIL REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (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 656 OF 1358
	<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. FALISHA D. KENNEBREW**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Burns Street

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283104**

Amount of Each Receipt this Period 10.00

**B. FALISHA D. KENNEBREW**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Burns Street

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283472**

Amount of Each Receipt this Period 10.00

**C. FALISHA D. KENNEBREW**  
Full Name (Last, First, Middle Initial)

Mailing Address 815 Burns Street

City Mansfield State OH Zip Code 44903

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283835**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 657 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ERIN D. KENNEDY</b>		Date of Receipt
Mailing Address 551 Park Avenue #2		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286210</b>
Name of Employer: AFSCME NY LOC 1000/ADMIN		Amount of Each Receipt this Period
Occupation: STAFF REPRESENTATIVE		<input type="text" value="38.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="211.64"/>	

Full Name (Last, First, Middle Initial) <b>B. ERIN D. KENNEDY</b>		Date of Receipt
Mailing Address 551 Park Avenue #2		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286224</b>
Name of Employer: AFSCME NY LOC 1000/ADMIN		Amount of Each Receipt this Period
Occupation: STAFF REPRESENTATIVE		<input type="text" value="9.62"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="221.26"/>	

Full Name (Last, First, Middle Initial) <b>C. ERIN D. KENNEDY</b>		Date of Receipt
Mailing Address 551 Park Avenue #2		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Syracuse	State NY	Zip Code 13204
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286238</b>
Name of Employer: AFSCME NY LOC 1000/ADMIN		Amount of Each Receipt this Period
Occupation: STAFF REPRESENTATIVE		<input type="text" value="9.62"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> 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 658 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. NADINE KENNEDY</b>		Date of Receipt
Mailing Address 735 G U.S. Route 4E		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rutland	VT	05701-9029
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284507</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
AFSCME MA CN 93	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ADRIENNE J. KERN</b>		Date of Receipt
Mailing Address P.O. Box 44		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hawthorne	WI	54842
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284478</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="51.70"/>
Name of Employer	Occupation	
AFSCME MN CN 5/CN14	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="620.40"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KAREN E. KERVIN</b>		Date of Receipt
Mailing Address 318 Hane Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Marion	OH	43302
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283105</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="11.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="82.70"/>
<b>TOTAL</b> 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 659 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KAREN E. KERVIN</b>		Date of Receipt
Mailing Address 318 Hane Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Marion	OH	43302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283473</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	<input type="text" value="11.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KAREN E. KERVIN</b>		Date of Receipt
Mailing Address 318 Hane Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Marion	OH	43302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283836</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER	<input type="text" value="13.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="265.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOANNE KICKEN</b>		Date of Receipt
Mailing Address 271 W. Mason Avenue		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Buckley	WA	98321
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285712</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="575.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="49.00"/>
<b>TOTAL</b> 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 660 OF 1358
	<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. JOANNE KICKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 271 W. Mason Avenue

City Buckley State WA Zip Code 98321

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285989**

Amount of Each Receipt this Period 25.00

**B. LORI E. KIEF**  
Full Name (Last, First, Middle Initial)

Mailing Address 4413 Doe Crossing Trail

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation ADMINISTRATIVE CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 814.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287616**

Amount of Each Receipt this Period 122.00

**C. LORI E. KIEF**  
Full Name (Last, First, Middle Initial)

Mailing Address 4413 Doe Crossing Trail

City Madison State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/CTY OF MADISON Occupation ADMINISTRATIVE CLERK

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 844.00

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.287615**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 177.00

**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 661 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. LORI E. KIEF</b>		Date of Receipt
Mailing Address 4413 Doe Crossing Trail		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Madison	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287614</b>
Name of Employer AFSCME WI CN 40/CTY OF MADISON		Amount of Each Receipt this Period
Occupation ADMINISTRATIVE CLERK		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="874.00"/>		

Full Name (Last, First, Middle Initial) <b>B. JILL KIELBLOCK</b>		Date of Receipt
Mailing Address 581 Gotzian Street		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Saint Paul	State MN	Zip Code 55106
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284479</b>
Name of Employer AFSCME MN CN 5/CN14		Amount of Each Receipt this Period
Occupation BUSINESS REPRESENTATIVE		<input type="text" value="71.12"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="853.44"/>		

Full Name (Last, First, Middle Initial) <b>C. PATRICIA S. KIMBALL</b>		Date of Receipt
Mailing Address 322 S. Peoria Upper North		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Dixon	State IL	Zip Code 61021
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285393</b>
Name of Employer AFSCME IL CN 31/STATE OF IL		Amount of Each Receipt this Period
Occupation MENTAL HEALTH TECH II		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="230.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="121.12"/>
<b>TOTAL</b> 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 662 OF 1358
	<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. PATRICIA S. KIMBALL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 S. Peoria  
 Upper North  
 City State Zip Code  
 Dixon IL 61021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL MENTAL HEALTH TECH II  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285514**  
 Amount of Each Receipt this Period  
 10.00

**B. ANTHONY L. KINDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 NORFOLK STREET  
 City State Zip Code  
 WEST HAVEN CT 06516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287434**  
 Amount of Each Receipt this Period  
 8.40

**C. ANTHONY L. KINDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 NORFOLK STREET  
 City State Zip Code  
 WEST HAVEN CT 06516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287435**  
 Amount of Each Receipt this Period  
 8.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 26.80  
**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 663 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY L. KINDER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.287436</b>
Mailing Address 76 NORFOLK STREET			Amount of Each Receipt this Period 8.40
City WEST HAVEN	State CT	Zip Code 06516	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 218.40
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GREGORY J. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281632</b>
Mailing Address 147 W Linvale Street			Amount of Each Receipt this Period 56.94
City Baltimore	State MD	Zip Code 21217	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1282.68
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GREGORY J. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281825</b>
Mailing Address 147 W Linvale Street			Amount of Each Receipt this Period 56.94
City Baltimore	State MD	Zip Code 21217	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1339.62
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.28
<b>TOTAL</b> This Period (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 664 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. GREGORY J. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282017</b>
Mailing Address 147 W Linvale Street			Amount of Each Receipt this Period 56.94
City Baltimore	State MD	Zip Code 21217	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1396.56
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, COMMUNICATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MONA L. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281590</b>
Mailing Address 929 Rye Drive			Amount of Each Receipt this Period 25.96
City La Plata	State MD	Zip Code 20646	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 648.12
Name of Employer AFSCME INT'L		Occupation RECORDS OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MONA L. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281784</b>
Mailing Address 929 Rye Drive			Amount of Each Receipt this Period 25.96
City La Plata	State MD	Zip Code 20646	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 674.08
Name of Employer AFSCME INT'L		Occupation RECORDS OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	108.86
<b>TOTAL</b> This Period (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 665 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MONA L. KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.281976</b>
Mailing Address 929 Rye Drive			Amount of Each Receipt this Period 25.96
City La Plata	State MD	Zip Code 20646	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation RECORDS OFFICE ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.04		

Full Name (Last, First, Middle Initial) <b>B. SPENCER KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285714</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 15.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 332.50		

Full Name (Last, First, Middle Initial) <b>C. SPENCER KING</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.285991</b>
Mailing Address 1212 Jefferson St., SE Suite 300			Amount of Each Receipt this Period 15.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 347.50		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.96
<b>TOTAL</b> This Period (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 666 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DEBRA L. KING-HUTCHINSON</b>			Date of Receipt																					
Mailing Address 1545 Smith Road			<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>11</td><td></td><td></td><td>30</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	11			30			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
11			30			2012																		
City State Zip Code Columbus OH 43207			<b>Transaction ID : SA11AI.283107</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH LABOR MARKET ANALYST			<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>		15.00																			
15.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td colspan="10">296.00</td> </tr> </table>		296.00																			
296.00																								

Full Name (Last, First, Middle Initial) <b>B. DEBRA L. KING-HUTCHINSON</b>			Date of Receipt																					
Mailing Address 1545 Smith Road			<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>12</td><td></td><td></td><td>14</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			14			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			14			2012																		
City State Zip Code Columbus OH 43207			<b>Transaction ID : SA11AI.283475</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH LABOR MARKET ANALYST			<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>		15.00																			
15.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td colspan="10">311.00</td> </tr> </table>		311.00																			
311.00																								

Full Name (Last, First, Middle Initial) <b>C. DEBRA L. KING-HUTCHINSON</b>			Date of Receipt																					
Mailing Address 1545 Smith Road			<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>12</td><td></td><td></td><td>28</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			28			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			28			2012																		
City State Zip Code Columbus OH 43207			<b>Transaction ID : SA11AI.283838</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH LABOR MARKET ANALYST			<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>		15.00																			
15.00																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td colspan="10">326.00</td> </tr> </table>		326.00																			
326.00																								

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td colspan="10">45.00</td> </tr> </table>	45.00									
45.00											
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>										

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 667 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. GABRIEL KIRCHNER</b>		Date of Receipt
Mailing Address 7901 Southwind Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78745		<b>Transaction ID : SA11AI.286880</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	

Full Name (Last, First, Middle Initial) <b>B. GABRIEL KIRCHNER</b>		Date of Receipt
Mailing Address 7901 Southwind Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78745		<b>Transaction ID : SA11AI.286881</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GABRIEL KIRCHNER</b>		Date of Receipt
Mailing Address 7901 Southwind Drive		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Austin TX 78745		<b>Transaction ID : SA11AI.286882</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Name of Employer AFSCME TX LOC 1624	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> 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 668 OF 1358  
(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. BENJAMIN K. KIRKPATRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 462 Agate Avenue  
 City Mansfield State OH Zip Code 44907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283839**  
 Amount of Each Receipt this Period  
 8.00

**B. DEIRDRE A. KIRKWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38128 Grant Drive  
 City Palmdale State CA Zip Code 93552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287306**  
 Amount of Each Receipt this Period  
 52.00

**C. DEIRDRE A. KIRKWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38128 Grant Drive  
 City Palmdale State CA Zip Code 93552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287170**  
 Amount of Each Receipt this Period  
 24.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 84.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 669 OF 1358
	<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. DEIRDRE A. KIRKWOOD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38128 Grant Drive  
 City Palmdale State CA Zip Code 93552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287258**  
 Amount of Each Receipt this Period  
 24.00

**B. JEFFREY S. KLATKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 40530  
 City Portland State OR Zip Code 97240-0530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285186**  
 Amount of Each Receipt this Period  
 25.00

**C. JEFFREY S. KLATKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 40530  
 City Portland State OR Zip Code 97240-0530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285289**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	74.00
<b>TOTAL</b> This Period (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 670 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ERIKA A. KLEVEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1266 250th Avenue

City Avoca State MN Zip Code 56114

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286673**

Amount of Each Receipt this Period  
 20.00

**B. ERIKA A. KLEVEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1266 250th Avenue

City Avoca State MN Zip Code 56114

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286729**

Amount of Each Receipt this Period  
 20.00

**C. KELLIE A. KLIMCZAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 11602 203rd Avenue E.

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285716**

Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 671 OF 1358
	<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. KELLIE A. KLIMCZAK**  
Full Name (Last, First, Middle Initial)

Mailing Address 11602 203rd Avenue E.

City Bonney Lake State WA Zip Code 98391

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/SOWA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285993**

Amount of Each Receipt this Period 12.50

**B. JAMES L. KLINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4290 Street Route 601 Lot 200A

City Norwalk State OH Zip Code 44857

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/NEWARD CITY Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282495**

Amount of Each Receipt this Period 9.62

**C. CAROLYN KLINGLESMTIH**  
Full Name (Last, First, Middle Initial)

Mailing Address 10700 Grecian Road

City Louisville State KY Zip Code 40272

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2053.55

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281633**

Amount of Each Receipt this Period 103.09

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.21

**TOTAL** This Period (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 672 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. CAROLYN KLINGLESMTIH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10700 Grecian Road  
 City Louisville State KY Zip Code 40272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2156.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281826**  
 Amount of Each Receipt this Period  
**103.09**

**B. CAROLYN KLINGLESMTIH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10700 Grecian Road  
 City Louisville State KY Zip Code 40272  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2259.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282018**  
 Amount of Each Receipt this Period  
**103.09**

**C. BRIAN W. KLOPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6711 Queens Chapel Road  
 City University Park State MD Zip Code 20782  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **896.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281634**  
 Amount of Each Receipt this Period  
**41.33**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>247.51</b>
<b>TOTAL</b> This Period (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 673 OF 1358
	<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. BRIAN W. KLOPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 6711 Queens Chapel Road

City University Park	State MD	Zip Code 20782
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation LABOR ECONOMIST III
----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
937.83

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281827**

Amount of Each Receipt this Period  
41.33

**B. BRIAN W. KLOPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 6711 Queens Chapel Road

City University Park	State MD	Zip Code 20782
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation LABOR ECONOMIST III
----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
979.16

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282019**

Amount of Each Receipt this Period  
41.33

**C. CHRISTINE KNAPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282163**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.66
<b>TOTAL</b> This Period (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 674 OF 1358
	<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. CHRISTINE KNAPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
356.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282220**

Amount of Each Receipt this Period  
10.00

**B. CHRISTINE KNAPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
366.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282275**

Amount of Each Receipt this Period  
10.00

**C. DAVID C. KNARR**  
Full Name (Last, First, Middle Initial)

Mailing Address 4245 Tonsing Drive

City Ravenna	State OH	Zip Code 44266
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation HIGHWAY TECHNICIAN III
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283110**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 675 OF 1358  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. DAVID C. KNARR**

Mailing Address 4245 Tonsing Drive

City State Zip Code  
Ravenna OH 44266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 14 / 2012**

**Transaction ID : SA11AI.283478**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**B. DAVID C. KNARR**

Mailing Address 4245 Tonsing Drive

City State Zip Code  
Ravenna OH 44266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH HIGHWAY TECHNICIAN III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.283841**

Amount of Each Receipt this Period  
**10.00**

Full Name (Last, First, Middle Initial)  
**C. NANCY KNEPP**

Mailing Address 22 Edgewood Drive

City State Zip Code  
Mechanicsburg PA 17055

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 ▼ **914.50**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2012**

**Transaction ID : SA11AI.282659**

Amount of Each Receipt this Period  
**91.45**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **111.45**

**TOTAL** This Period (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 676 OF 1358
	<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. MARCIA R. KNOX**  
Full Name (Last, First, Middle Initial)

Mailing Address 1660 Newton Avenue

City State Zip Code  
Dayton OH 45406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH CN 8 REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
924.33

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2012  
**Transaction ID : SA11AI.284346**

Amount of Each Receipt this Period  
88.56

**B. SCOTT C. KNUDTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 N. Main Street

City State Zip Code  
Wheatland IA 52777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
238.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286639**

Amount of Each Receipt this Period  
30.00

**C. SCOTT C. KNUDTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 N. Main Street

City State Zip Code  
Wheatland IA 52777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
268.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.286624**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.56
<b>TOTAL</b> This Period (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 677 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. STEVE KOFFROTH</b>		Date of Receipt
Mailing Address 17824 Autry Court		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chino Hills	CA	91709
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286963</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CA CN 36	STAFF REPRESENTATIVE	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="494.40"/>	

Full Name (Last, First, Middle Initial) <b>B. SHELLEY I. KOHASHIKAWA</b>		Date of Receipt
Mailing Address 888 Mililani Street Suite 601		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Honolulu	HI	96813-2991
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285048</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME HI LOC 152	STAFF REPRESENTATIVE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN KOHLHEPP</b>		Date of Receipt
Mailing Address 615 S. 2nd Street		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Springfield	IL	62705
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284866</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31	STAFF REPRESENTATIVE	<input type="text" value="67.74"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="745.14"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.74"/>
<b>TOTAL</b> 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 678 OF 1358
	<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. JOHN KOHLHEPP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 615 S. 2nd Street  
 City Springfield State IL Zip Code 62705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 812.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284684**  
 Amount of Each Receipt this Period  
 67.74

**B. DIANE M. KOHOUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6342  
 City Olympia State WA Zip Code 98507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation JOURNEY ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284094**  
 Amount of Each Receipt this Period  
 20.00

**C. DIANE M. KOHOUT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 6342  
 City Olympia State WA Zip Code 98507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation JOURNEY ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284143**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.74  
**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: (check only one)	PAGE 679 OF 1358
	<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. DOUGLAS M. KORBA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 172

City Bannock State OH Zip Code 43972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 264.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283112**

Amount of Each Receipt this Period  
11.00

**B. DOUGLAS M. KORBA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 172

City Bannock State OH Zip Code 43972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283480**

Amount of Each Receipt this Period  
11.00

**C. DOUGLAS M. KORBA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 172

City Bannock State OH Zip Code 43972

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283843**

Amount of Each Receipt this Period  
11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33.00

**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 680 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KERRY KORPI</b>			Date of Receipt
Mailing Address 8913 First Avenue			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281635</b>
Silver Spring	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="72.96"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, RESEARCH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1605.12"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KERRY KORPI</b>			Date of Receipt
Mailing Address 8913 First Avenue			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281828</b>
Silver Spring	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="72.96"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, RESEARCH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1678.08"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KERRY KORPI</b>			Date of Receipt
Mailing Address 8913 First Avenue			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282020</b>
Silver Spring	MD	20910	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="72.96"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, RESEARCH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1751.04"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="218.88"/>
<b>TOTAL</b> 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 681 OF 1358
	<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. THOMAS KOSEK Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8381 Memorial Highway

City Ottawa Lake State MI Zip Code 49267

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.46

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284347**

Amount of Each Receipt this Period 20.84

**B. CAROL J. KOYNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1410 N. Grand Avenue W.

City Springfield State IL Zip Code 62702

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.68

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285396**

Amount of Each Receipt this Period 20.88

**C. CAROL J. KOYNE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1410 N. Grand Avenue W.

City Springfield State IL Zip Code 62702

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.56

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285517**

Amount of Each Receipt this Period 20.88

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.60

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 683 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. ALICA KRAEMER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19395 Knowlton Parkway  
 Apt. 202  
 City Strongsville State OH Zip Code 44149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283844**  
 Amount of Each Receipt this Period  
 10.00

**B. LYNN A. KRATZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 Brentwood Drive  
 P.O. Box 8453  
 City Cedar Rapids State IA Zip Code 52408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 393.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286554**  
 Amount of Each Receipt this Period  
 80.00

**C. LYNN A. KRATZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 326 Brentwood Drive  
 P.O. Box 8453  
 City Cedar Rapids State IA Zip Code 52408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 413.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286424**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (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 684 OF 1358
	<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. LORETTA K. KREIGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Circle Drive  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.284046**  
 Amount of Each Receipt this Period  
 15.00

**B. LORETTA K. KREIGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Circle Drive  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283114**  
 Amount of Each Receipt this Period  
 15.00

**C. LORETTA K. KREIGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Circle Drive  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283482**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (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 685 OF 1358
<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. LORETTA K. KREIGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Circle Drive  
 City Medina State OH Zip Code 44256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283845**  
 Amount of Each Receipt this Period 15.00

**B. STEVEN KREISBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9954 Whitewater Drive  
 City Burke State VA Zip Code 22015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, RESEARCH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1252.68

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281636**  
 Amount of Each Receipt this Period 56.94

**C. STEVEN KREISBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9954 Whitewater Drive  
 City Burke State VA Zip Code 22015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, RESEARCH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1309.62

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281829**  
 Amount of Each Receipt this Period 56.94

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.88
<b>TOTAL</b> This Period (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 686 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. STEVEN KREISBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9954 Whitewater Drive  
 City State Zip Code  
 Burke VA 22015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L ASSOCIATE DIRECTOR, RESEARCH  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1366.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282021**  
 Amount of Each Receipt this Period  
 56.94

**B. BARBARA KREMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 Donnelly Avenue  
 City State Zip Code  
 Aston PA 19014  
 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 ▼  
 914.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282670**  
 Amount of Each Receipt this Period  
 73.16

**C. CAROLEE C KUBO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1919 Young Street  
 City State Zip Code  
 Honolulu HI 96826  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285049**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.10
<b>TOTAL</b> This Period (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 687 OF 1358  
(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. RONALD D. KUCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 3019  
 City Port Angeles State WA Zip Code 98362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285717**  
 Amount of Each Receipt this Period  
 35.00

**B. RONALD D. KUCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 3019  
 City Port Angeles State WA Zip Code 98362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.285994**  
 Amount of Each Receipt this Period  
 35.00

**C. MICHAEL G. KUCHTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 Hardman Avenue South  
 City South St. Paul State MN Zip Code 55075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284480**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 688 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JAMIE G. KUHNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282907**

Amount of Each Receipt this Period  
 60.00

**B. ANDREW KUJAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.284445**

Amount of Each Receipt this Period  
 42.08

**C. STEVEN F. KULLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 Timber Run Road

City Zanesville State OH Zip Code 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283117**

Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 117.08

**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 689 OF 1358
	<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. STEVEN F. KULLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 Timber Run Road

City Zanesville State OH Zip Code 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.283485**

Amount of Each Receipt this Period **15.00**

**B. STEVEN F. KULLMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 310 Timber Run Road

City Zanesville State OH Zip Code 43701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ENVIRONMENTAL SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283848**

Amount of Each Receipt this Period **15.00**

**C. LEANNE KUNZE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8155 Scandia Road

City Waconia State MN Zip Code 55387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **283.75**

Date of Receipt **12 / 06 / 2012**

**Transaction ID : SA11AI.284523**

Amount of Each Receipt this Period **52.50**

**SUBTOTAL** of Receipts This Page (optional)..... **82.50**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 690 OF 1358
	<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. RANDALL KURTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 8019 64th Drive NE

City Marysville	State WA	Zip Code 98270
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation FSS III
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1046.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285718**

Amount of Each Receipt this Period  
45.00

**B. RANDALL KURTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 8019 64th Drive NE

City Marysville	State WA	Zip Code 98270
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation FSS III
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1091.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.285995**

Amount of Each Receipt this Period  
45.00

**C. TERESA M. KURZROCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 Crawford Avenue

City Dixon	State IL	Zip Code 61021
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation REBHAB PROGRAM TECH
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285397**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (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 691 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. TERESA M. KURZROCK**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 Crawford Avenue

City Dixon State IL Zip Code 61021

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation REBHAB PROGRAM TECH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285518**

Amount of Each Receipt this Period 10.00

**B. JUDY K. KUSCHEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 NE 147th Street

City Vancouver State WA Zip Code 98685

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 247.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285719**

Amount of Each Receipt this Period 11.00

**C. JUDY K. KUSCHEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 NE 147th Street

City Vancouver State WA Zip Code 98685

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 258.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.285996**

Amount of Each Receipt this Period 11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 32.00

**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 692 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. PATRICIA K. KWIATKOWSKI</b>		Date of Receipt
Mailing Address 17420 Aquasco Farm Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Aquasco State MD Zip Code 20608		<b>Transaction ID : SA11AI.281637</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.05"/>
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="859.10"/>	

Full Name (Last, First, Middle Initial) <b>B. PATRICIA K. KWIATKOWSKI</b>		Date of Receipt
Mailing Address 17420 Aquasco Farm Road		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Aquasco State MD Zip Code 20608		<b>Transaction ID : SA11AI.281830</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.05"/>
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="898.15"/>	

Full Name (Last, First, Middle Initial) <b>C. PATRICIA K. KWIATKOWSKI</b>		Date of Receipt
Mailing Address 17420 Aquasco Farm Road		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Aquasco State MD Zip Code 20608		<b>Transaction ID : SA11AI.282022</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.05"/>
Name of Employer AFSCME INT'L	Occupation EXECUTIVE OFFICE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="937.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.15"/>
<b>TOTAL</b> 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 693 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA Z. LAISURE-BANKS</b>		Date of Receipt
Mailing Address 10708 Elmerge Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.283119</b>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Amount of Each Receipt this Period
Occupation BWC FRAUD ANALYST		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CYNTHIA Z. LAISURE-BANKS</b>		Date of Receipt
Mailing Address 10708 Elmerge Avenue		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.283487</b>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Amount of Each Receipt this Period
Occupation BWC FRAUD ANALYST		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA Z. LAISURE-BANKS</b>		Date of Receipt
Mailing Address 10708 Elmerge Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Cleveland	State OH	Zip Code 44105
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.283850</b>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Amount of Each Receipt this Period
Occupation BWC FRAUD ANALYST		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 694 OF 1358
	<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. JEANINE LAKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1324 Bittersweet Circle

City Las Vegas	State NV	Zip Code 89128
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NV LOC 4041	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
409.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286913**

Amount of Each Receipt this Period  
68.00

**B. JEANINE LAKE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1324 Bittersweet Circle

City Las Vegas	State NV	Zip Code 89128
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NV LOC 4041	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
443.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.286914**

Amount of Each Receipt this Period  
34.00

**C. FRANCIS M. LALLY III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Vansant Rd., Deacon's Walk

City Newark	State DE	Zip Code 19711
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
785.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.284548**

Amount of Each Receipt this Period  
65.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	167.34
<b>TOTAL</b> This Period (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 695 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. LEONARD LALUNA</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287383</b>
Mailing Address 43 Frank Street			Amount of Each Receipt this Period 60.00
City East Haven	State CT	Zip Code 06512-0000	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 240.00
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LEONARD LALUNA</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 13 / 2012 <b>Transaction ID : SA11AI.287382</b>
Mailing Address 43 Frank Street			Amount of Each Receipt this Period 30.00
City East Haven	State CT	Zip Code 06512-0000	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 270.00
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOSE A. LALUZ JR.</b>			Date of Receipt M M / D D / Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281638</b>
Mailing Address 6255 Bent Pine Drive Apt. 722A			Amount of Each Receipt this Period 60.19
City Orlando	State FL	Zip Code 32822	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1324.18
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.19
<b>TOTAL</b> This Period (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 696 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOSE A. LALUZ JR.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012
Mailing Address 6255 Bent Pine Drive Apt. 722A		<b>Transaction ID : SA11AI.281831</b>
City Orlando	State FL	Zip Code 32822
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.19
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1384.37	

Full Name (Last, First, Middle Initial) <b>B. JOSE A. LALUZ JR.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
Mailing Address 6255 Bent Pine Drive Apt. 722A		<b>Transaction ID : SA11AI.282023</b>
City Orlando	State FL	Zip Code 32822
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.19
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1444.56	

Full Name (Last, First, Middle Initial) <b>C. ANGELA LAMANNA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 13 / 2012
Mailing Address 296 Churchmans Road		<b>Transaction ID : SA11AI.284549</b>
City New Castle	State DE	Zip Code 19720
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.08
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 580.95	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.46
<b>TOTAL</b> This Period (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 697 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. HUGO LANDAVERDE</b>		Date of Receipt
Mailing Address 15857 15th Avenue NE		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Shoreline State WA Zip Code 98155		<b>Transaction ID : SA11AI.286196</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.50"/>
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HUGO LANDAVERDE</b>		Date of Receipt
Mailing Address 15857 15th Avenue NE		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Shoreline State WA Zip Code 98155		<b>Transaction ID : SA11AI.286183</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.50"/>
Name of Employer AFSCME WA CN 28/COMM COLLEGE	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="220.50"/>	

Full Name (Last, First, Middle Initial) <b>C. MAE F. LANG</b>		Date of Receipt
Mailing Address 65-67 Westfield Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Elizabeth State NJ Zip Code 07205-0000		<b>Transaction ID : SA11AI.287507</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="23.52"/>
Name of Employer AFSCME NJ CN 1	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="235.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="44.52"/>
<b>TOTAL</b> 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 698 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. MAE F. LANG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65-67 Westfield Avenue  
 City Elizabeth State NJ Zip Code 07205-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NJ CN 1 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 258.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.287506**  
 Amount of Each Receipt this Period  
 23.52

**B. MATTHEW LANGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 832 N Greenview Avenue  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 506.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284867**  
 Amount of Each Receipt this Period  
 47.16

**C. MATTHEW LANGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 832 N Greenview Avenue  
 City Chicago State IL Zip Code 60642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 553.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284685**  
 Amount of Each Receipt this Period  
 47.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	117.84
<b>TOTAL</b> This Period (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 699 OF 1358  
(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. MATTHEW L. LAPIERRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1173 Regent Drive  
 City State Zip Code  
 Mundelein IL 60060-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 852.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284868**  
 Amount of Each Receipt this Period  
 69.76

**B. MATTHEW L. LAPIERRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1173 Regent Drive  
 City State Zip Code  
 Mundelein IL 60060-2000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 922.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284868**  
 Amount of Each Receipt this Period  
 69.76

**C. EDWARD LAPORTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5622 Columbia  
 City State Zip Code  
 St. Louis MO 63139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 472.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284869**  
 Amount of Each Receipt this Period  
 55.94

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.46  
**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 700 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWARD LAPORTE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284687</b>
Mailing Address 5622 Columbia			Amount of Each Receipt this Period 58.32
City St. Louis	State MO	Zip Code 63139	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.48		

Full Name (Last, First, Middle Initial) <b>B. JERRY S. LARICCHIUTA</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.286319</b>
Mailing Address 117 Van Buren Street			Amount of Each Receipt this Period 57.72
City Massapequa Park	State NY	Zip Code 11762	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52		

Full Name (Last, First, Middle Initial) <b>C. JERRY S. LARICCHIUTA</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.286331</b>
Mailing Address 117 Van Buren Street			Amount of Each Receipt this Period 38.48
City Massapequa Park	State NY	Zip Code 11762	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000/NASSAU CNTY	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.52
<b>TOTAL</b> This Period (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 701 OF 1358
	<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. JERRY S. LARICCHIUTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Van Buren Street

City Massapequa Park State NY Zip Code 11762

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.24

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.286332**

Amount of Each Receipt this Period 19.24

**B. JERRY S. LARICCHIUTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Van Buren Street

City Massapequa Park State NY Zip Code 11762

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 519.48

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286333**

Amount of Each Receipt this Period 19.24

**C. DANA LARSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 8111 Lake Pleasant Rd

City Erie State PA Zip Code 16509

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 481.43

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282671**

Amount of Each Receipt this Period 49.13

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.61

**TOTAL** This Period (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 702 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DONALD W. LARSON</b>			Date of Receipt
Mailing Address 452 W Scott Street			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284967</b>
Fond du Lac	WI	54937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DONALD W. LARSON</b>			Date of Receipt
Mailing Address 452 W Scott Street			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284968</b>
Fond du Lac	WI	54937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DONALD W. LARSON</b>			Date of Receipt
Mailing Address 452 W Scott Street			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284969</b>
Fond du Lac	WI	54937	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 703 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

Full Name (Last, First, Middle Initial) <b>A. JOHN J. LARSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287621</b>		
Mailing Address 312 S Pontiac Drive			Amount of Each Receipt this Period 40.00		
City Janesville	State WI	Zip Code 53545			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 40/MADISON COUNTY		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>B. JOHN J. LARSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.287619</b>		
Mailing Address 312 S Pontiac Drive			Amount of Each Receipt this Period 10.00		
City Janesville	State WI	Zip Code 53545			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 40/MADISON 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			

Full Name (Last, First, Middle Initial) <b>C. JOHN J. LARSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.287622</b>		
Mailing Address 312 S Pontiac Drive			Amount of Each Receipt this Period 10.00		
City Janesville	State WI	Zip Code 53545			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WI CN 40/MADISON COUNTY		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 704 OF 1358
<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. SUSAN J. LARUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Haskell Drive

City Lancaster	State PA	Zip Code 17601
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation CLERICAL/ADMINISTRATIVE
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282759**

Amount of Each Receipt this Period  

30.00
-------

**B. SUSAN J. LARUE**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Haskell Drive

City Lancaster	State PA	Zip Code 17601
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation CLERICAL/ADMINISTRATIVE
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282838**

Amount of Each Receipt this Period  

30.00
-------

**C. ALICE LARUSSA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4484 GLENMONT DRIVE

City SAN JOSE	State CA	Zip Code 95136
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer SANTA CLARA VALLEY WATER DIST	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.287701**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</b>
<b>TOTAL</b> This Period (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 705 OF 1358
	<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. TERRISA A. LASHMETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 595 Moore Road  
 City Winchester State IL Zip Code 62694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SVC ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285398**  
 Amount of Each Receipt this Period  
 10.00

**B. TERRISA A. LASHMETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 595 Moore Road  
 City Winchester State IL Zip Code 62694  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SVC ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285519**  
 Amount of Each Receipt this Period  
 20.00

**C. BRENDA R. LATHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3140 Scottwood Road  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.284047**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (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 706 OF 1358
<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. BRENDA R. LATHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3140 Scottwood Road

City Columbus State OH Zip Code 43227

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283122**

Amount of Each Receipt this Period 15.00

**B. BRENDA R. LATHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3140 Scottwood Road

City Columbus State OH Zip Code 43227

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283490**

Amount of Each Receipt this Period 15.00

**C. BRENDA R. LATHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3140 Scottwood Road

City Columbus State OH Zip Code 43227

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE ASSISTANT III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283853**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 707 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. RHONDA L LATHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8521 Moon Glass Court  
 City Columbia State MD Zip Code 21045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281639**  
 Amount of Each Receipt this Period  
 30.00

**B. RHONDA L LATHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8521 Moon Glass Court  
 City Columbia State MD Zip Code 21045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 890.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281832**  
 Amount of Each Receipt this Period  
 30.00

**C. RHONDA L LATHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8521 Moon Glass Court  
 City Columbia State MD Zip Code 21045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation BUSINESS ANALYST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282024**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (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 708 OF 1358
	<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. TIMOTHY F. LAVELLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Pawnee Court

City Putnam	State IL	Zip Code 61560
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284870**

Amount of Each Receipt this Period  
60.80

**B. TIMOTHY F. LAVELLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Pawnee Court

City Putnam	State IL	Zip Code 61560
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
556.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284688**

Amount of Each Receipt this Period  
60.80

**C. JOSEPH LAWRENCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2724 St. Paul Street #1

City Baltimore	State MD	Zip Code 21218
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation COMMUNICATIONS SPECIALIST III
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281640**

Amount of Each Receipt this Period  
47.31

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	168.91
<b>TOTAL</b> This Period (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 709 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JOSEPH LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2724 St. Paul Street #1  
 City Baltimore State MD Zip Code 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1088.13

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281833**  
 Amount of Each Receipt this Period 47.31

**B. JOSEPH LAWRENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2724 St. Paul Street #1  
 City Baltimore State MD Zip Code 21218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.44

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.282025**  
 Amount of Each Receipt this Period 47.31

**C. STEPHANIE LAWSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4208 North Fairhill Street  
 City Philadelphia State PA Zip Code 19140  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282672**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 124.62  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 710 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ANDREA C. LAZO-RICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3216 16th Avenue S.

City Minneapolis	State MN	Zip Code 55407
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **295.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		27		2012

**Transaction ID : SA11AI.286806**

Amount of Each Receipt this Period  

100.00
--------

**B. ANDREA C. LAZO-RICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3216 16th Avenue S.

City Minneapolis	State MN	Zip Code 55407
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **305.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2012

**Transaction ID : SA11AI.286775**

Amount of Each Receipt this Period  

10.00
-------

**C. ANDREA C. LAZO-RICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3216 16th Avenue S.

City Minneapolis	State MN	Zip Code 55407
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		13		2012

**Transaction ID : SA11AI.286791**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (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 711 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KENNETH A. LEAS</b>		Date of Receipt
Mailing Address 3039 Pine Avenue		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Slayton	MN	56172
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284524</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="16.00"/>
Name of Employer	Occupation	
AFSCME MN CN 65	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="212.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JEANETTE LEBRECHT</b>		Date of Receipt
Mailing Address 6071 Ravenswicke Terrace		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Davie	FL	33331
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281641</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.03"/>
Name of Employer	Occupation	
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="990.66"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. JEANETTE LEBRECHT</b>		Date of Receipt
Mailing Address 6071 Ravenswicke Terrace		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Davie	FL	33331
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281834</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="45.40"/>
Name of Employer	Occupation	
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1036.06"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="106.43"/>
<b>TOTAL</b> 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 712 OF 1358
	<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. JEANETTE LEBRECHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6071 Ravenswicke Terrace  
 City State Zip Code  
 Davie FL 33331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L AREA FIELD SERVICES DIRECTOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1082.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282026**  
 Amount of Each Receipt this Period  
 46.26

**B. ROBIN C. LEDBETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12002 NE Roosevelt Way  
 C-302  
 City State Zip Code  
 Seattle WA 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28 COUNCIL REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284095**  
 Amount of Each Receipt this Period  
 42.00

**C. ROBIN C. LEDBETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12002 NE Roosevelt Way  
 C-302  
 City State Zip Code  
 Seattle WA 98125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28 COUNCIL REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284144**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.26
<b>TOTAL</b> This Period (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 713 OF 1358
	<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. ALAN L LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 Seven Hills Drive  
#522

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT TO REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 948.99

Date of Receipt: 11 / 29 / 2012  
**Transaction ID : SA11AI.281642**

Amount of Each Receipt this Period: 43.45

**B. ALAN L LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 Seven Hills Drive  
#522

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT TO REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 992.44

Date of Receipt: 12 / 11 / 2012  
**Transaction ID : SA11AI.281835**

Amount of Each Receipt this Period: 43.45

**C. ALAN L LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 Seven Hills Drive  
#522

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT TO REGIONAL DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.89

Date of Receipt: 12 / 21 / 2012  
**Transaction ID : SA11AI.282027**

Amount of Each Receipt this Period: 43.45

**SUBTOTAL** of Receipts This Page (optional).....▶ 130.35

**TOTAL** This Period (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 714 OF 1358
	<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. CAROLE M. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 72 Crest Drive

City Mystic State CT Zip Code 06355-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287345**

Amount of Each Receipt this Period  
 8.00

**B. POLLY S. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Orchard Hill Lane

City Hacienda Height State CA Zip Code 91745

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287307**

Amount of Each Receipt this Period  
 30.00

**C. POLLY S. LEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1749 Orchard Hill Lane

City Hacienda Height State CA Zip Code 91745

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287174**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.00

**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 715 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. POLLY S. LEE</b>		Date of Receipt
Mailing Address 1749 Orchard Hill Lane		M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012
City	State	Zip Code
Hacienda Height	CA	91745
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.287262	
	Amount of Each Receipt this Period	
	10.00	
Name of Employer	Occupation	
AFSCME CA LOC 1199/COPE	NURSE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	250.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. SUE C. LEE-ALLEN</b>		Date of Receipt
Mailing Address 7935 SW Santolina Place		M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
City	State	Zip Code
Beaverton	OR	97008-6272
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.285096	
	Amount of Each Receipt this Period	
	70.00	
Name of Employer	Occupation	
AFSCME OR CN 75	ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	833.00	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SUE C. LEE-ALLEN</b>		Date of Receipt
Mailing Address 7935 SW Santolina Place		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City	State	Zip Code
Beaverton	OR	97008-6272
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.285118	
	Amount of Each Receipt this Period	
	70.00	
Name of Employer	Occupation	
AFSCME OR CN 75	ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	903.00	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (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 716 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ERIC N. LEHTO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2122 West 2nd Street  
Apt. #2

City Duluth State MN Zip Code 55086

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1312.64

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.284481**

Amount of Each Receipt this Period  
105.22

**B. LORRAINE K. LEICHNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 590 S. Everett Avenue

City Columbus State OH Zip Code 43213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation RECORDS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283125**

Amount of Each Receipt this Period  
11.00

**C. LORRAINE K. LEICHNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 590 S. Everett Avenue

City Columbus State OH Zip Code 43213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation RECORDS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283493**

Amount of Each Receipt this Period  
11.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.22

**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 717 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LORRAINE K. LEICHNER</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283856</b>		
Mailing Address 590 S. Everett Avenue			Amount of Each Receipt this Period 11.00		
City Columbus	State OH	Zip Code 43213			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation RECORDS MANAGER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 286.00			

Full Name (Last, First, Middle Initial) <b>B. JACKIE D. LEISURE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282501</b>		
Mailing Address 1600 28th Street NW			Amount of Each Receipt this Period 19.23		
City Canton	State OH	Zip Code 44709			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/CANTON CITY		Occupation COOK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.37			

Full Name (Last, First, Middle Initial) <b>C. JACKIE D. LEISURE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.282502</b>		
Mailing Address 1600 28th Street NW			Amount of Each Receipt this Period 38.46		
City Canton	State OH	Zip Code 44709			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/CANTON CITY		Occupation COOK			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 443.83			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.69
<b>TOTAL</b> This Period (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 718 OF 1358
<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. ROBERT M. LELIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Normandie Blvd.  
Apt. E

City Cleveland State OH Zip Code 44130

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283126**

Amount of Each Receipt this Period 15.00

**B. ROBERT M. LELIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Normandie Blvd.  
Apt. E

City Cleveland State OH Zip Code 44130

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283494**

Amount of Each Receipt this Period 15.00

**C. ROBERT M. LELIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7805 Normandie Blvd.  
Apt. E

City Cleveland State OH Zip Code 44130

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283857**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 719 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. DINO LEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 03 / 2012 <b>Transaction ID : SA11AI.284871</b>
Mailing Address 9115 Turkey Hollow Rd.		Amount of Each Receipt this Period 69.76
City Taylor Ridge	State IL	Zip Code 61284
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 767.36	

Full Name (Last, First, Middle Initial) <b>B. DINO LEONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284689</b>
Mailing Address 9115 Turkey Hollow Rd.		Amount of Each Receipt this Period 69.76
City Taylor Ridge	State IL	Zip Code 61284
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 837.12	

Full Name (Last, First, Middle Initial) <b>C. KARLA LETANA</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.287703</b>
Mailing Address 1819 43rd Avenue		Amount of Each Receipt this Period 16.00
City San Francisco	State CA	Zip Code 94122
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME CA CN 57/SAN MATEO CNTY	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.52
<b>TOTAL</b> This Period (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 720 OF 1358
	<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. DAVID J. LEVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 Florence Place

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 444.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282760**

Amount of Each Receipt this Period 28.00

**B. DAVID J. LEVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 41 Florence Place

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 472.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282839**

Amount of Each Receipt this Period 28.00

**C. ROGER LEVINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 206 East Dunklin Street

City Jefferson City State MO Zip Code 65101

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 587.38

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284539**

Amount of Each Receipt this Period 19.79

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.79

**TOTAL** This Period (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 721 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. SUSAN T. LEVITAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 Worrell Court  
 City Crofton State MD Zip Code 21114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281643**  
 Amount of Each Receipt this Period  
 48.41

**B. SUSAN T. LEVITAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 Worrell Court  
 City Crofton State MD Zip Code 21114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1089.04

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281836**  
 Amount of Each Receipt this Period  
 48.41

**C. SUSAN T. LEVITAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2650 Worrell Court  
 City Crofton State MD Zip Code 21114  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1137.45

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282028**  
 Amount of Each Receipt this Period  
 48.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.23
<b>TOTAL</b> This Period (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 722 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KAREN S. LEVY-MCCANNA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2012 <b>Transaction ID : SA11AI.285400</b>
Mailing Address 221 East 13th			Amount of Each Receipt this Period 30.00
City Lockport	State IL	Zip Code 60441	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation EXECUTIVE II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00		

Full Name (Last, First, Middle Initial) <b>B. KAREN S. LEVY-MCCANNA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285521</b>
Mailing Address 221 East 13th			Amount of Each Receipt this Period 60.00
City Lockport	State IL	Zip Code 60441	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation EXECUTIVE II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00		

Full Name (Last, First, Middle Initial) <b>C. SARAH LEWERENZ</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284525</b>
Mailing Address 6997 West Van Road			Amount of Each Receipt this Period 70.12
City Duluth	State MN	Zip Code 55803-9359	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 65	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 861.44		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.12
<b>TOTAL</b> This Period (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 723 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial)  
**A. CORDELIA M. LEWIS**

Mailing Address P.O. Box 5149

City Boston State MA Zip Code 02206-5149

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2012**

Transaction ID : **SA11AI.282125**

Amount of Each Receipt this Period  
**35.00**

Full Name (Last, First, Middle Initial)  
**B. ELLA N. LEWIS**

Mailing Address 5005 SW Nitchell #2

City Portland State OR Zip Code 97221

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

Transaction ID : **SA11AI.285191**

Amount of Each Receipt this Period  
**17.00**

Full Name (Last, First, Middle Initial)  
**C. ELLA N. LEWIS**

Mailing Address 5005 SW Nitchell #2

City Portland State OR Zip Code 97221

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

Transaction ID : **SA11AI.285293**

Amount of Each Receipt this Period  
**17.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **69.00**

**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 724 OF 1358  
(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. GREG LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1816 E. 22nd Street  
 City Des Moines State IA Zip Code 50317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284398**  
 Amount of Each Receipt this Period  
 60.00

**B. JENNIE A. LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 390 Worthington Road  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282908**  
 Amount of Each Receipt this Period  
 60.00

**C. MICHELE LEWIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 205 Franklin Avenue  
 City Silver Spring State MD Zip Code 20901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, CONF & TRAVEL SVCS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1188.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281644**  
 Amount of Each Receipt this Period  
 59.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 179.30  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 725 OF 1358
	<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	<input type="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. MICHELE LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Franklin Avenue

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, CONF & TRAVEL SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281837**

Amount of Each Receipt this Period  
 59.30

**B. MICHELE LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Franklin Avenue

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, CONF & TRAVEL SVCS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.41

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282029**

Amount of Each Receipt this Period  
 59.30

**C. MARGARET R. LEWIS-SIDIME**  
Full Name (Last, First, Middle Initial)

Mailing Address 722 S Lyman Avenue

City Oak Park State IL Zip Code 60304

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 745.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284872**

Amount of Each Receipt this Period  
 67.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 186.34

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 726 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. MARGARET R. LEWIS-SIDIME**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 S Lyman Avenue  
 City Oak Park State IL Zip Code 60304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 812.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284692**  
 Amount of Each Receipt this Period  
 67.74

**B. ANN LIEBERMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1329 Carlisle Avenue  
 City Dayton State OH Zip Code 45420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8/CITY OF DAYTON Occupation TRAFFIC ANALYST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284348**  
 Amount of Each Receipt this Period  
 9.50

**C. VALERY LIGHT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Barley Lane  
 City Palmyra State PA Zip Code 17078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 972.85

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282673**  
 Amount of Each Receipt this Period  
 97.85

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.09
<b>TOTAL</b> This Period (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 727 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ELLEN H. LIM</b>		Date of Receipt
Mailing Address P.O. Box 1977		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waianae	HI	96792
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.285052</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME HI LOC 152	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANDERS LINDALL</b>		Date of Receipt
Mailing Address 2524 West Hutchinson		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60618
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.284873</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.36"/>
Name of Employer	Occupation	
AFSCME IL CN 31	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="828.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ANDERS LINDALL</b>		Date of Receipt
Mailing Address 2524 West Hutchinson		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60618
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.284693</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.36"/>
Name of Employer	Occupation	
AFSCME IL CN 31	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="904.32"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="175.72"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 728 OF 1358
<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. BRIAN J. LINDHOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2311 McKinley Street NE

City Minneapolis	State MN	Zip Code 55418
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **633.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286675**

Amount of Each Receipt this Period  

58.00
-------

**B. BRIAN J. LINDHOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2311 McKinley Street NE

City Minneapolis	State MN	Zip Code 55418
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **691.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286731**

Amount of Each Receipt this Period  

58.00
-------

**C. MICHAEL LINDHOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2752 Randolph Street NE

City Minneapolis	State MN	Zip Code 55418-2622
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286676**

Amount of Each Receipt this Period  

120.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>236.00</b>
<b>TOTAL</b> This Period (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 729 OF 1358
	<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. MICHAEL LINDHOLT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2752 Randolph Street NE

City State Zip Code  
Minneapolis MN 55418-2622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1620.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.286732**

Amount of Each Receipt this Period  
120.00

**B. JOHN LINDSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285723**

Amount of Each Receipt this Period  
10.00

**C. JOHN LINDSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286000**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 730 OF 1358
	<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. THERESA LIPKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 South Main Street

City Carbondale State PA Zip Code 18407

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.95**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282674**

Amount of Each Receipt this Period  
**62.56**

**B. TOM LIPKO**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 South Main Street

City Carbondale State PA Zip Code 18407

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **439.81**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282675**

Amount of Each Receipt this Period  
**38.54**

**C. JOHN L. LIPSCOMBE**  
Full Name (Last, First, Middle Initial)

Mailing Address 6600 Mesa Drive

City Austin State TX Zip Code 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME TX LOC 1624/TRAVIS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286884**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **111.10**

**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 731 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOHN L. LIPSCOMBE</b>			Date of Receipt
Mailing Address 6600 Mesa Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286885</b>
Austin	TX	78731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME TX LOC 1624/TRAVIS CNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOHN L. LIPSCOMBE</b>			Date of Receipt
Mailing Address 6600 Mesa Drive			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286886</b>
Austin	TX	78731	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME TX LOC 1624/TRAVIS CNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JAMECIA L. LITTLE</b>			Date of Receipt
Mailing Address 3237 Stirling Bridge			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282909</b>
Canal Winchester	OH	43110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	MANAGEMENT ANALYST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 732 OF 1358
	<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. ROBERT LITTLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2930 S. Board Street  
City Trenton State NJ Zip Code 08610-0000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME NJ CN 1 Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.60

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287509**  
Amount of Each Receipt this Period 37.56

**B. ROBERT LITTLE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2930 S. Board Street  
City Trenton State NJ Zip Code 08610-0000  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME NJ CN 1 Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 413.16

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.287508**  
Amount of Each Receipt this Period 37.56

**C. EARL W. LITTLEFIELD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1322 Seymour Avenue  
City Columbus State OH Zip Code 43206  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation OFFICE SERVICES SUPERVISOR  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283129**  
Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.12  
**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: (check only one)	PAGE 733 OF 1358
	<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. EARL W. LITTLEFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1322 Seymour Avenue

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE SERVICES SUPERVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **355.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283497**

Amount of Each Receipt this Period  

5.00
------

**B. EARL W. LITTLEFIELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1322 Seymour Avenue

City Columbus	State OH	Zip Code 43206
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation OFFICE SERVICES SUPERVISOR
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283860**

Amount of Each Receipt this Period  

5.00
------

**C. ROBERT F. LIVINGSTONE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem	State OR	Zip Code 97301
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285192**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (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 734 OF 1358
	<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. ROBERT F. LIVINGSTONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Tandem Avenue NE  
 City Salem State OR Zip Code 97301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285294**  
 Amount of Each Receipt this Period 20.00

**B. RICHARD H. LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2916 Kipling Court  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285401**  
 Amount of Each Receipt this Period 20.00

**C. RICHARD H. LLOYD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2916 Kipling Court  
 City Springfield State IL Zip Code 62711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285522**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 735 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. COREY LOCKARD</b>		Date of Receipt
Mailing Address P.O. Box 22		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Benton	PA	17814
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282676</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="73.16"/>
Name of Employer	Occupation	
AFSCME PA CN 13	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="896.21"/>	

Full Name (Last, First, Middle Initial) <b>B. KIP LOCKHART</b>		Date of Receipt
Mailing Address 139 Simpkins Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bristol	CT	06010-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287385</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="136.60"/>
Name of Employer	Occupation	
AFSCME CT CN 4	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="812.04"/>	

Full Name (Last, First, Middle Initial) <b>C. KIP LOCKHART</b>		Date of Receipt
Mailing Address 139 Simpkins Drive		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bristol	CT	06010-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287384</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="102.45"/>
Name of Employer	Occupation	
AFSCME CT CN 4	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="914.49"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="312.21"/>
<b>TOTAL</b> 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 736 OF 1358
	(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"/> 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. KENNETH H LOEFFLER-KEMP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Bald Eagle Trail  
 City Duluth State MN Zip Code 55804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 788.88

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284482**  
 Amount of Each Receipt this Period  
 65.74

**B. JAMES N. LOMONACO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Wormwood Hill Road  
 City Mansfield State CT Zip Code 06250-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287496**  
 Amount of Each Receipt this Period  
 75.00

**C. JAMES N. LOMONACO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 Wormwood Hill Road  
 City Mansfield State CT Zip Code 06250-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation VICE PRESIDENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287497**  
 Amount of Each Receipt this Period  
 75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	215.74
<b>TOTAL</b> This Period (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 737 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAUL LONG</b>			Date of Receipt
Mailing Address P.O. Box 310864			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Flint	State MI	Zip Code 48531	<b>Transaction ID : SA11AI.284248</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="22.34"/>
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="469.71"/>		

Full Name (Last, First, Middle Initial) <b>B. PAUL LONG</b>			Date of Receipt
Mailing Address P.O. Box 310864			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Flint	State MI	Zip Code 48531	<b>Transaction ID : SA11AI.284297</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="489.71"/>		

Full Name (Last, First, Middle Initial) <b>C. DAMIAN LONNEE</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501	<b>Transaction ID : SA11AI.285725</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="10.50"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="241.50"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="52.84"/>
<b>TOTAL</b> 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 738 OF 1358
	<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. DAMIAN LONNEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.286002

Amount of Each Receipt this Period  
10.50

**B. RANDAL E. LORELLO**  
Full Name (Last, First, Middle Initial)

Mailing Address N 9203 James Court

City Spokane State WA Zip Code 99208

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.284096

Amount of Each Receipt this Period  
50.00

**C. RANDAL E. LORELLO**  
Full Name (Last, First, Middle Initial)

Mailing Address N 9203 James Court

City Spokane State WA Zip Code 99208

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation FIELD SUPERVISOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.284145

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 110.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 739 OF 1358
	<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. MAGGIE LORENC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 W Summerdale Avenue

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
681.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284874**

Amount of Each Receipt this Period  
60.80

**B. MAGGIE LORENC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1700 W Summerdale Avenue

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284694**

Amount of Each Receipt this Period  
60.80

**C. ROBERT H. LOTHIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1717 SE Main Street

City Portland	State OR	Zip Code 97214
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285297**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.60
<b>TOTAL</b> This Period (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 740 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SABRINA LOVE</b>			Date of Receipt
Mailing Address 23 Chadwick Drive			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281645</b>
Stafford	VA	22556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.85"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="516.23"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SABRINA LOVE</b>			Date of Receipt
Mailing Address 23 Chadwick Drive			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281838</b>
Stafford	VA	22556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.85"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="539.08"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SABRINA LOVE</b>			Date of Receipt
Mailing Address 23 Chadwick Drive			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282030</b>
Stafford	VA	22556	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="22.85"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="561.93"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.55"/>
<b>TOTAL</b> 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 741 OF 1358
	<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. CHARLES M. LOVELESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 11th Street NW  
#206

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, FED GOVT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1711.82

Date of Receipt  
11 / 29 / 2012  
**Transaction ID : SA11AI.281646**

Amount of Each Receipt this Period  
77.81

**B. CHARLES M. LOVELESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 11th Street NW  
#206

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, FED GOVT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1789.63

Date of Receipt  
12 / 11 / 2012  
**Transaction ID : SA11AI.281839**

Amount of Each Receipt this Period  
77.81

**C. CHARLES M. LOVELESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 11th Street NW  
#206

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, FED GOVT AFFAIRS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1867.44

Date of Receipt  
12 / 21 / 2012  
**Transaction ID : SA11AI.282031**

Amount of Each Receipt this Period  
77.81

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.43

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 742 OF 1358
	<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. DIANE M. LOVELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21090 Cody Lane

City Aurora	State OR	Zip Code 97002
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11Al.285097**

Amount of Each Receipt this Period  
20.00

**B. DIANE M. LOVELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21090 Cody Lane

City Aurora	State OR	Zip Code 97002
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11Al.285119**

Amount of Each Receipt this Period  
20.00

**C. GEORGE LOVELL**  
Full Name (Last, First, Middle Initial)  
Mailing Address RR 3 Box 3403

City Goshen	State VT	Zip Code 05733-0000
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
729.12

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11Al.284508**

Amount of Each Receipt this Period  
60.76

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.76
<b>TOTAL</b> This Period (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 743 OF 1358
	<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. EARL M. LUCERO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1896 Kinoole Street C  
Apt. C

City Hilo State HI Zip Code 96720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.285053**

Amount of Each Receipt this Period  
20.00

**B. SALVATORE LUCIANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 947 Bunker Hill Road

City Watertown State CT Zip Code 06795-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.287387**

Amount of Each Receipt this Period  
186.00

**C. SALVATORE LUCIANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 947 Bunker Hill Road

City Watertown State CT Zip Code 06795-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.284174**

Amount of Each Receipt this Period  
14.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 744 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SALVATORE LUCIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 947 Bunker Hill Road  
 City Watertown State CT Zip Code 06795-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287386**  
 Amount of Each Receipt this Period  
 178.00

**B. SALVATORE LUCIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 947 Bunker Hill Road  
 City Watertown State CT Zip Code 06795-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1552.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284204**  
 Amount of Each Receipt this Period  
 14.00

**C. WILLIAM LUCY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1831 Sudbury Lane NW  
 City Washington State DC Zip Code 20012-2202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.282126**  
 Amount of Each Receipt this Period  
 176.32

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	368.32
<b>TOTAL</b> This Period (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 745 OF 1358  
(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. THERESA LUDWICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285726**  
 Amount of Each Receipt this Period 10.00

**B. THERESA LUDWICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286003**  
 Amount of Each Receipt this Period 10.00

**C. ROSANNE LUGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285727**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 746 OF 1358  
(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. ROSANNE LUGO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286004**  
 Amount of Each Receipt this Period  
 10.00

**B. MATTHEW A. LUKOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Whisperglen Lane  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONS OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285402**  
 Amount of Each Receipt this Period  
 20.84

**C. MATTHEW A. LUKOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Whisperglen Lane  
 City Springfield State IL Zip Code 62704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONS OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285523**  
 Amount of Each Receipt this Period  
 20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.68  
**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 747 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DENISE ANN LUNDA</b>		Date of Receipt
Mailing Address 38 River Lane		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Levittown	PA	19055
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282677</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	COURT CLERK ADMINISTRATOR	<input type="text" value="41.72"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="526.82"/>	

Full Name (Last, First, Middle Initial) <b>B. CHARLES H. LUNDY</b>		Date of Receipt
Mailing Address 2024 SW 173 Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Miramar	FL	33029
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.281647</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA ORGANIZING DIRECTOR	<input type="text" value="41.52"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="911.68"/>	

Full Name (Last, First, Middle Initial) <b>C. CHARLES H. LUNDY</b>		Date of Receipt
Mailing Address 2024 SW 173 Avenue		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Miramar	FL	33029
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.281840</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	AREA ORGANIZING DIRECTOR	<input type="text" value="41.52"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="953.20"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="124.76"/>
<b>TOTAL</b> 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 748 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. CHARLES H. LUNDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2024 SW 173 Avenue  
 City Miramar State FL Zip Code 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 994.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282032**  
 Amount of Each Receipt this Period  
 41.52

**B. BENJAMIN LUPO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285728**  
 Amount of Each Receipt this Period  
 10.00

**C. BENJAMIN LUPO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286005**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.52
<b>TOTAL</b> This Period (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 749 OF 1358
	<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. JOHN A. LYALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 383 Ashmoore Circle East

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1429.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.284175**

Amount of Each Receipt this Period  
14.00

**B. JOHN A. LYALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 383 Ashmoore Circle East

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1539.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284349**

Amount of Each Receipt this Period  
110.76

**C. JOHN A. LYALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 383 Ashmoore Circle East

City Powell	State OH	Zip Code 43065
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1553.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284205**

Amount of Each Receipt this Period  
14.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.76
<b>TOTAL</b> This Period (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 750 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES F. LYMAN</b>			Date of Receipt
Mailing Address 18 Dogwood Lane			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286907</b>
Loudonville	NY	12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME NY CN 82/LEOU	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JAMES F. LYMAN</b>			Date of Receipt
Mailing Address 18 Dogwood Lane			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286909</b>
Loudonville	NY	12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME NY CN 82/LEOU	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="440.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JAMES F. LYMAN</b>			Date of Receipt
Mailing Address 18 Dogwood Lane			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286910</b>
Loudonville	NY	12211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME NY CN 82/LEOU	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="460.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
<b>TOTAL</b> 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 751 OF 1358
<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. RANDELL LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 3311

City Peoria	State IL	Zip Code 61612
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **478.11**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.284875**

Amount of Each Receipt this Period

**B. ROBERTA LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4650 N. Hermitage Street

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1241.60**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.284176**

Amount of Each Receipt this Period

**C. ROBERTA LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4650 N. Hermitage Street

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.36**

Date of Receipt  
 /  /   
**Transaction ID : SA11AI.284876**

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="131.16"/>
<b>TOTAL</b> 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 752 OF 1358
	<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. ROBERTA LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4650 N. Hermitage Street

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1364.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284206**

Amount of Each Receipt this Period  
14.00

**B. ROBERTA LYNCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4650 N. Hermitage Street

City Chicago	State IL	Zip Code 60640
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation DEPUTY DIRECTOR
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1473.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284695**

Amount of Each Receipt this Period  
108.76

**C. ROBERT LYONS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1605 Parmenter Street

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.282127**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	142.76
<b>TOTAL</b> This Period (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 753 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRENDA L. MABE</b>			Date of Receipt
Mailing Address 34291 Brokaw Road			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283132</b>
Columbia Station	OH	44028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="425.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BRENDA L. MABE</b>			Date of Receipt
Mailing Address 34291 Brokaw Road			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283500</b>
Columbia Station	OH	44028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="445.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRENDA L. MABE</b>			Date of Receipt
Mailing Address 34291 Brokaw Road			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283863</b>
Columbia Station	OH	44028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="465.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 754 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER A. MABE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283133</b>
Mailing Address 34291 Brokaw Road		Amount of Each Receipt this Period 25.00
City Columbia Station	State OH	Zip Code 44028
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION SERGEANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER A. MABE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283501</b>
Mailing Address 34291 Brokaw Road		Amount of Each Receipt this Period 25.00
City Columbia Station	State OH	Zip Code 44028
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION SERGEANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER A. MABE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283864</b>
Mailing Address 34291 Brokaw Road		Amount of Each Receipt this Period 25.00
City Columbia Station	State OH	Zip Code 44028
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION SERGEANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (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 755 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JAMES H. MACKIE**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284509**

Amount of Each Receipt this Period  
 16.70

**B. GERARDO MAGALLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1046

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286137**

Amount of Each Receipt this Period  
 21.00

**C. GERARDO MAGALLAN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1046

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286138**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.70

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 756 OF 1358
	<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. GARY S. MAGNUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 16005 SW Audubon Street  
Apt. 104

City Beaverton State OR Zip Code 97006

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COORDINATOOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285298**

Amount of Each Receipt this Period  
20.00

**B. MICHAEL P. MAGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 20 Duffield Drive

City Lititz State PA Zip Code 17543

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
992.22

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : SA11AI.282678**

Amount of Each Receipt this Period  
97.85

**C. BRADLEY J. MAHAFFEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4410 Wentworth Avenue

City Minneapolis State MN Zip Code 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.286807**

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 197.85

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 757 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRADLEY J. MAHAFFEY</b>		Date of Receipt
Mailing Address 4410 Wentworth Avenue		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Minneapolis MN 55419		<b>Transaction ID : SA11AI.286776</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BRADLEY J. MAHAFFEY</b>		Date of Receipt
Mailing Address 4410 Wentworth Avenue		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Minneapolis MN 55419		<b>Transaction ID : SA11AI.286792</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LOUIS J. MAHOLIC</b>		Date of Receipt
Mailing Address 2726 Juno Place Apt. #2		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City State Zip Code Fairlawn OH 44333		<b>Transaction ID : SA11AI.284350</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="64.18"/>
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="692.70"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="84.18"/>
<b>TOTAL</b> 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 758 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DEIRDRE J. MAHONEY-CLARK</b>		Date of Receipt
Mailing Address 7407 SE Jack		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City Milwaukie	State OR	Zip Code 97222
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.285299</b>
Name of Employer AFSCME OR CN 75/STATE OF OR		Amount of Each Receipt this Period
Occupation HS INVESTIGATOR		20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		220.00

Full Name (Last, First, Middle Initial) <b>B. DEANGELO MALCOLM</b>		Date of Receipt
Mailing Address 1034 N. Washington Avenue		M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.284249</b>
Name of Employer AFSCME MI CN 25		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		29.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		669.76

Full Name (Last, First, Middle Initial) <b>C. DEANGELO MALCOLM</b>		Date of Receipt
Mailing Address 1034 N. Washington Avenue		M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2012
City Lansing	State MI	Zip Code 48906
FEC ID number of contributing federal political committee. C		<b>Transaction ID : SA11AI.284298</b>
Name of Employer AFSCME MI CN 25		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		29.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		698.88

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	78.24
<b>TOTAL</b> This Period (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 759 OF 1358
	<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. KAREEN A. MALCOLM**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 HUNTERS LANE

City ANSONIA State CT Zip Code 06401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : SA11AI.287439**

Amount of Each Receipt this Period  
 8.40

**B. KAREEN A. MALCOLM**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 HUNTERS LANE

City ANSONIA State CT Zip Code 06401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012

**Transaction ID : SA11AI.287440**

Amount of Each Receipt this Period  
 8.40

**C. KAREEN A. MALCOLM**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 HUNTERS LANE

City ANSONIA State CT Zip Code 06401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.287441**

Amount of Each Receipt this Period  
 8.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 760 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MOLLY A. MALECKI</b>			Date of Receipt
Mailing Address 4207 Joyce Lane			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286808</b>
Brooklyn Center	MN	55429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MOLLY A. MALECKI</b>			Date of Receipt
Mailing Address 4207 Joyce Lane			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286777</b>
Brooklyn Center	MN	55429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="11.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MOLLY A. MALECKI</b>			Date of Receipt
Mailing Address 4207 Joyce Lane			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286793</b>
Brooklyn Center	MN	55429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="11.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="92.00"/>
<b>TOTAL</b> 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 761 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JULIA C. C. MALETTE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.284446</b>
Mailing Address 190 W. Ostend Street Suite 101		Amount of Each Receipt this Period 45.00
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. ALETHA L. MALINDA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285730</b>
Mailing Address P.O. Box 1642		Amount of Each Receipt this Period 27.00
City Medical Lake	State WA	Zip Code 99022
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 621.00	

Full Name (Last, First, Middle Initial) <b>C. KENNETH MALLERY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285731</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 9.50
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	81.50
<b>TOTAL</b> This Period (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 762 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KENNETH MALLERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **228.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286007**  
 Amount of Each Receipt this Period  
**9.50**

**B. KATHRYN S. MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 988 Circle on the Green  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1054.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282164**  
 Amount of Each Receipt this Period  
**77.00**

**C. KATHRYN S. MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 988 Circle on the Green  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1092.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282221**  
 Amount of Each Receipt this Period  
**38.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>125.00</b>
<b>TOTAL</b> This Period (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 763 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KATHRYN S. MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 988 Circle on the Green  
 City Columbus State OH Zip Code 43235  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1131.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282276**  
 Amount of Each Receipt this Period  
 38.50

**B. LARRY MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5185 Horseshoe Falls Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1071.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282165**  
 Amount of Each Receipt this Period  
 77.00

**C. LARRY MALONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5185 Horseshoe Falls Drive  
 City Dublin State OH Zip Code 43016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1109.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282222**  
 Amount of Each Receipt this Period  
 38.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	154.00
<b>TOTAL</b> This Period (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 764 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. LARRY MALONE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282277</b>
Mailing Address 5185 Horseshoe Falls Drive			Amount of Each Receipt this Period 38.50
City Dublin	State OH	Zip Code 43016	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1148.00	
Name of Employer AFSCME OH LOC 4		Occupation FIELD REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LINDA M. MALONEY</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.282505</b>
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 20.84
City Columbus	State OH	Zip Code 43229	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 208.40	
Name of Employer AFSCME OH LOC 4/OLMSTED CSD		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KENT O. MANAOIS</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.285055</b>
Mailing Address 632 Pumehana Street			Amount of Each Receipt this Period 20.00
City Wailuku	State HI	Zip Code 96793-1334	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 240.00	
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.34
<b>TOTAL</b> This Period (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 765 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MANUEL MANGUAL</b>		Date of Receipt
Mailing Address 417 Arizona Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Bay Shore NY 11706		<b>Transaction ID : SA11AI.286252</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="76.96"/>
Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="481.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MANUEL MANGUAL</b>		Date of Receipt
Mailing Address 417 Arizona Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Bay Shore NY 11706		<b>Transaction ID : SA11AI.286264</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.24"/>	

Full Name (Last, First, Middle Initial) <b>C. MANUEL MANGUAL</b>		Date of Receipt
Mailing Address 417 Arizona Avenue		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Bay Shore NY 11706		<b>Transaction ID : SA11AI.286276</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="519.48"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.44"/>
<b>TOTAL</b> 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 766 OF 1358
	<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. MANUEL MANGUAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 417 Arizona Avenue

City Bay Shore	State NY	Zip Code 11706
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.286288**

Amount of Each Receipt this Period  
19.24

**B. ANDREW M. MANTELLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6866 Tully Truxton Road

City Tully	State NY	Zip Code 13159
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS ADMIN.	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286211**

Amount of Each Receipt this Period  
38.48

**C. ANDREW M. MANTELLA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6866 Tully Truxton Road

City Tully	State NY	Zip Code 13159
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS ADMIN.	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
442.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286225**

Amount of Each Receipt this Period  
19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.96
<b>TOTAL</b> This Period (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 767 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ANDREW M. MANTELLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6866 Tully Truxton Road  
 City Tully State NY Zip Code 13159  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.286239**  
 Amount of Each Receipt this Period  
 19.24

**B. JOSEPH J. MARATEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Main Street P.O. Box 503  
 City Spencer State NY Zip Code 14883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation LABOR RELATIONS SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286300**  
 Amount of Each Receipt this Period  
 20.00

**C. JOSEPH J. MARATEA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Main Street P.O. Box 503  
 City Spencer State NY Zip Code 14883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation LABOR RELATIONS SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286307**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.24
<b>TOTAL</b> This Period (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 768 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH J. MARATEA</b>		Date of Receipt
Mailing Address 55 Main Street P.O. Box 503		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Spencer	State NY	Zip Code 14883
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286314</b>
Name of Employer AFSCME NY LOC 1000		Amount of Each Receipt this Period
Occupation LABOR RELATIONS SPECIALIST		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="240.00"/>		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A. MARETTE</b>		Date of Receipt
Mailing Address P.O. Box 25731		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Woodbury	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281648</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASST. DIRECTOR, ORG & FIELD SERVICES		<input type="text" value="52.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1155.00"/>		

Full Name (Last, First, Middle Initial) <b>C. MICHAEL A. MARETTE</b>		Date of Receipt
Mailing Address P.O. Box 25731		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Woodbury	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281841</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation ASST. DIRECTOR, ORG & FIELD SERVICES		<input type="text" value="52.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1207.50"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
<b>TOTAL</b> 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 769 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. MICHAEL A. MARETTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 25731

City Woodbury	State MN	Zip Code 55125
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASST. DIRECTOR, ORG & FIELD SERVICES
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282033**

Amount of Each Receipt this Period  
 52.50

**B. TINA A. MARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 577 Price Road

City Newark	State OH	Zip Code 43055
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283139**

Amount of Each Receipt this Period  
 10.00

**C. TINA A. MARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 577 Price Road

City Newark	State OH	Zip Code 43055
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283507**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.50
<b>TOTAL</b> This Period (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 770 OF 1358
	<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. TINA A. MARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 577 Price Road

City Newark State OH Zip Code 43055

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.283870**

Amount of Each Receipt this Period  
4 2 0 1 2  
1 0 0 0

**B. MELLISA C. MARKSTROM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4123 N. 18th Place

City Phoenix State AZ Zip Code 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 471.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.281649**

Amount of Each Receipt this Period  
4 2 0 1 2  
2 1 4 1

**C. MELLISA C. MARKSTROM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4123 N. 18th Place

City Phoenix State AZ Zip Code 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 493.02

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 11 / 2012  
**Transaction ID : SA11AI.281842**

Amount of Each Receipt this Period  
4 2 0 1 2  
2 2 0 0

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4 2 0 1 2 5 3 4 1
<b>TOTAL</b> This Period (last page this line number only).....▶	4 2 0 1 2 5 3 4 1

**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 771 OF 1358
<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. MELLISA C. MARKSTROM**  
Full Name (Last, First, Middle Initial)

Mailing Address 4123 N. 18th Place

City Phoenix State AZ Zip Code 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **515.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.282034**

Amount of Each Receipt this Period  
**22.00**

**B. JOAN L. MARKUSIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 13911 Bellbrook Drive

City Brook Park State OH Zip Code 44142

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/NO. RIDGEVILLE Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **222.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012

**Transaction ID : SA11AI.282506**

Amount of Each Receipt this Period  
**9.62**

**C. JOAN L. MARKUSIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 13911 Bellbrook Drive

City Brook Park State OH Zip Code 44142

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/NO. RIDGEVILLE Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.282507**

Amount of Each Receipt this Period  
**19.24**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.86</b>
<b>TOTAL</b> This Period (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 772 OF 1358
	<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. ALIXETTA M. MARLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 3937 Blueberry Hollow Road

City Gahanna	State OH	Zip Code 43230
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ADMINISTRATIVE ASSISTANT
-------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282166**

Amount of Each Receipt this Period  

<b>38.50</b>
--------------

**B. DAVID MARLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 1040 W Adams Street  
Unit 432

City Chicago	State IL	Zip Code 60607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **822.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284877**

Amount of Each Receipt this Period  

<b>74.78</b>
--------------

**C. DAVID MARLOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 1040 W Adams Street  
Unit 432

City Chicago	State IL	Zip Code 60607
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **897.36**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284696**

Amount of Each Receipt this Period  

<b>74.78</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>188.06</b>
<b>TOTAL</b> This Period (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 773 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. CHAD E. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 532 1/2 Zane Highway

City Martins Ferry State OH Zip Code 43935

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283871**

Amount of Each Receipt this Period 8.00

**B. CHARLES H. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 Russell Avenue N.

City Minneapolis State MN Zip Code 55411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 853.62

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284484**

Amount of Each Receipt this Period 71.13

**C. EDWARD D. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 323.61

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286563**

Amount of Each Receipt this Period 61.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.77

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 774 OF 1358
	<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. EDWARD D. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286433**

Amount of Each Receipt this Period  

15.41
-------

**B. ELIZA MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 91-208 Kekepania Place E.

City Kapolei	State HI	Zip Code 96707-2721
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
---------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285056**

Amount of Each Receipt this Period  

50.00
-------

**C. GARY MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ASSOCIATE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282167**

Amount of Each Receipt this Period  

80.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>145.41</b>
<b>TOTAL</b> This Period (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 775 OF 1358
<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. GARY MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ASSOCIATE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282223**

Amount of Each Receipt this Period  
40.00

**B. GARY MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Trail East

City Pataskala	State OH	Zip Code 43062
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ASSOCIATE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282278**

Amount of Each Receipt this Period  
40.00

**C. JOHN A. MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1874 Highway 2

City Donnellson	State IA	Zip Code 52625
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286564**

Amount of Each Receipt this Period  
48.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<b>TOTAL</b> This Period (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 776 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JOHN A. MARTIN</b>		Date of Receipt
Mailing Address 1874 Highway 2		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Donnellson	IA	52625
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286434</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.00"/>
Name of Employer	Occupation	
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="264.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LISA G. MARTIN</b>		Date of Receipt
Mailing Address 5450 Whitley Park Terrace #102		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20814
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281650</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.05"/>
Name of Employer	Occupation	
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="819.32"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. LISA G. MARTIN</b>		Date of Receipt
Mailing Address 5450 Whitley Park Terrace #102		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bethesda	MD	20814
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281843</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="39.05"/>
Name of Employer	Occupation	
AFSCME INT'L	ADMINISTRATIVE ASSISTANT II	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="858.37"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.10"/>
<b>TOTAL</b> 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 777 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LISA G. MARTIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5450 Whitley Park Terrace #102  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 897.42

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.282035**  
 Amount of Each Receipt this Period 39.05

**B. KELLY MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 E. Main Steet  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287389**  
 Amount of Each Receipt this Period 72.00

**C. KELLY MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 E. Main Steet  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 282.00

Date of Receipt 12 / 13 / 2012  
**Transaction ID : SA11AI.287388**  
 Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 141.05  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 778 OF 1358  
(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. PAULA MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3963 200th Avenue  
 City Carlisle State IA Zip Code 50047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286565**  
 Amount of Each Receipt this Period  
 120.00

**B. PAULA MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3963 200th Avenue  
 City Carlisle State IA Zip Code 50047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286435**  
 Amount of Each Receipt this Period  
 30.00

**C. SUSAN J. MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285733**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 160.00  
**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 779 OF 1358
	<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. SUSAN J. MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286009**  
 Amount of Each Receipt this Period  
 10.00

**B. KIMBERLY A. MASSENGILL-BERNARDIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8000 Brookpoint Place  
 City Westerville State OH Zip Code 43081  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 786.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284351**  
 Amount of Each Receipt this Period  
 71.58

**C. ROBERT E. MASTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3407 4th Street  
 City Union Gap State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285734**  
 Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.58
<b>TOTAL</b> This Period (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 780 OF 1358
	<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. ROBERT E. MASTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3407 4th Street  
 City Union Gap State WA Zip Code 98903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286010**  
 Amount of Each Receipt this Period **21.00**

**B. HARVEY S. MATSUI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Wailuku Lane Unit 104  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.285057**  
 Amount of Each Receipt this Period **21.00**

**C. LARRY F. MATTHIAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 E Ballard Road  
 City Colbert State WA Zip Code 99005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286163**  
 Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **52.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 781 OF 1358
	<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. LARRY F. MATTHIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 E Ballard Road

City Colbert State WA Zip Code 99005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.286164**

Amount of Each Receipt this Period 10.00

**B. LARRY F. MATTHIAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 321 E Ballard Road

City Colbert State WA Zip Code 99005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286165**

Amount of Each Receipt this Period 10.00

**C. JILLIAN J MATUNDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 North Pine Avenue

City Albany State NY Zip Code 12203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1306.71

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281651**

Amount of Each Receipt this Period 52.78

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.78

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 782 OF 1358
	<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. JILLIAN J MATUNDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 North Pine Avenue

City Albany State NY Zip Code 12203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1359.49**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281844**

Amount of Each Receipt this Period  
**52.78**

**B. JILLIAN J MATUNDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 134 North Pine Avenue

City Albany State NY Zip Code 12203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1412.27**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282036**

Amount of Each Receipt this Period  
**52.78**

**C. SHARON MAUPIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 N Garden Street

City Bellingham State WA Zip Code 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **209.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286197**

Amount of Each Receipt this Period  
**10.50**

**SUBTOTAL** of Receipts This Page (optional)..... **116.06**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 783 OF 1358
	<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. SHARON MAUPIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 725 N Garden Street

City Bellingham State WA Zip Code 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.286184**

Amount of Each Receipt this Period 10.50

**B. MARSHALL L. MAXWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10409 19th Avenue CT Apt.C

City Tacoma State WA Zip Code 98444

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285736**

Amount of Each Receipt this Period 10.00

**C. MARSHALL L. MAXWELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 10409 19th Avenue CT Apt.C

City Tacoma State WA Zip Code 98444

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286012**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 784 OF 1358
<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. MATTHEW MAYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Ontario Place NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation MANAGER, STRATEGIC RESEARCH
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **998.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281652**

Amount of Each Receipt this Period  

45.39
-------

**B. MATTHEW MAYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Ontario Place NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation MANAGER, STRATEGIC RESEARCH
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1044.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281845**

Amount of Each Receipt this Period  

46.26
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**C. MATTHEW MAYERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1833 Ontario Place NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation MANAGER, STRATEGIC RESEARCH
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1091.47**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282037**

Amount of Each Receipt this Period  

46.63
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>138.28</b>
<b>TOTAL</b> This Period (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 785 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFF MAZUR</b>		Date of Receipt
Mailing Address 503 Redwing Drive		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ashland	MO	65010
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284540</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="35.42"/>
Name of Employer	Occupation	
AFSCME MO CN 72	COUNCIL DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="779.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KATHLEEN MAZZOUCCOLO</b>		Date of Receipt
Mailing Address 16 West 30th Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bayonne	NJ	07002-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287519</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	
AFSCME NJ CN 52	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN MAZZOUCCOLO</b>		Date of Receipt
Mailing Address 16 West 30th Street		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bayonne	NJ	07002-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287518</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
AFSCME NJ CN 52	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.42"/>
<b>TOTAL</b> 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 786 OF 1358
	<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	<input type="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. SHARON MCALEAVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 Brentwood Drive  
 City San Francisco State CA Zip Code 94080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287707**  
 Amount of Each Receipt this Period  
 20.00

**B. SHARON MCALEAVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 144 Brentwood Drive  
 City San Francisco State CA Zip Code 94080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287705**  
 Amount of Each Receipt this Period  
 20.00

**C. TIMOTHY W. MCALLISTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5379 Red Wynne Lane  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PROGRAMMER/ANALYST 5  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283144**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 787 OF 1358
	(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"/> 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. TIMOTHY W. MCALLISTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Red Wynne Lane

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST 5
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **227.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283512**

Amount of Each Receipt this Period  

10.00
-------

**B. TIMOTHY W. MCALLISTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5379 Red Wynne Lane

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation PROGRAMMER/ANALYST 5
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283875**

Amount of Each Receipt this Period  

10.00
-------

**C. ELISSA MCBRIDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park	State MD	Zip Code 20912
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, EDUCATION
----------------------------------	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2462.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281653**

Amount of Each Receipt this Period  

109.44
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>129.44</b>
<b>TOTAL</b> This Period (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 788 OF 1358
	<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. ELISSA MCBRIDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, EDUCATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2572.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281846**

Amount of Each Receipt this Period  
 109.44

**B. ELISSA MCBRIDE**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Sherman Avenue

City Takoma Park State MD Zip Code 20912

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, EDUCATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2681.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282038**

Amount of Each Receipt this Period  
 109.44

**C. CYNTHIA R. MCCABE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4608 Harvard Road

City College Park State MD Zip Code 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, EDITORIAL/PRODUCTI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1079.27

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281654**

Amount of Each Receipt this Period  
 47.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 266.00

**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 789 OF 1358
	<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. CYNTHIA R. MCCABE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4608 Harvard Road

City College Park State MD Zip Code 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, EDITORIAL/PRODUCTI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1126.39

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 11 / 2012  
**Transaction ID : SA11AI.281847**

Amount of Each Receipt this Period  
47.12

**B. CYNTHIA R. MCCABE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4608 Harvard Road

City College Park State MD Zip Code 20740

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSIST. DIRECTOR, EDITORIAL/PRODUCTI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1173.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.282039**

Amount of Each Receipt this Period  
47.12

**C. BOYD B. MCCAMISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Woodtown Drive

City Gahanna State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.62

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.281655**

Amount of Each Receipt this Period  
43.71

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 137.95

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 790 OF 1358
	<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. BOYD B. MCCAMISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Woodtown Drive

City Gahanna State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1005.33**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281848**

Amount of Each Receipt this Period  
**43.71**

**B. BOYD B. MCCAMISH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1004 Woodtown Drive

City Gahanna State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD EDUCATION COORDINATOR II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1049.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282040**

Amount of Each Receipt this Period  
**43.71**

**C. MARGARET MCCANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Lynnmore Drive

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1331.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281656**

Amount of Each Receipt this Period  
**60.50**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **147.92**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 791 OF 1358
	(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"/> 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. MARGARET MCCANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Lynnmore Drive

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1391.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281849**

Amount of Each Receipt this Period  
 60.50

**B. MARGARET MCCANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 103 Lynnmore Drive

City Silver Spring State MD Zip Code 20901

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1452.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282041**

Amount of Each Receipt this Period  
 60.50

**C. ANDY MCCANTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1210 195th Street E.

City Spanaway State WA Zip Code 98387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285737**

Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 142.00

**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 792 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. ANDY MCCANTS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1210 195th Street E.  
 City Spanaway State WA Zip Code 98387  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286013**  
 Amount of Each Receipt this Period  
 21.00

**B. JOSH MCCARROLL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3412 Knipp Drive Suite 102  
 City Jefferson City State MO Zip Code 65109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 421.74

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284541**  
 Amount of Each Receipt this Period  
 19.17

**C. WILLIAM J. MCCARRON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 436 Lamb Road  
 City Carbondale State IL Zip Code 62902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SEC THERAPY AIDE I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285403**  
 Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.01
<b>TOTAL</b> This Period (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 793 OF 1358
	<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. WILLIAM J. MCCARRON**  
Full Name (Last, First, Middle Initial)

Mailing Address 436 Lamb Road

City Carbondale State IL Zip Code 62902

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SEC THERAPY AIDE I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
12 / 28 / 2012  
Transaction ID : SA11AI.285524

Amount of Each Receipt this Period  
10.42

**B. MICHAEL A. MCCARTHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 9916 Sherman Road

City Chesterland State OH Zip Code 44026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ORANGE SCHOOLS Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
12 / 27 / 2012  
Transaction ID : SA11AI.282512

Amount of Each Receipt this Period  
10.42

**C. TARA MCCAULEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 745.14

Date of Receipt  
12 / 03 / 2012  
Transaction ID : SA11AI.284878

Amount of Each Receipt this Period  
67.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.58

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 794 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. TARA MCCAULEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 Suite 800  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 812.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284697**  
 Amount of Each Receipt this Period  
 67.74

**B. WILLIAM J. MCCLUNG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5507 7th Avenue SE  
 City Salem State OR Zip Code 97306  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285200**  
 Amount of Each Receipt this Period  
 20.00

**C. LEO B. MCCONNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Tunnelhill Street  
 City Gallitzin State PA Zip Code 16641  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282764**  
 Amount of Each Receipt this Period  
 24.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	111.74
<b>TOTAL</b> This Period (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 795 OF 1358
	<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. LEO B. MCCONNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 Tunnelhill Street

City State Zip Code  
Gallitzin PA 16641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2012  
**Transaction ID : SA11AI.282843**

Amount of Each Receipt this Period  
24.00

**B. SUZANNE MCCORMICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 32 Harvest Lane

City State Zip Code  
West Grove PA 19390

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 ▼  
782.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.282683**

Amount of Each Receipt this Period  
84.63

**C. THOMAS F. MCCRACKEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 343 East Main Street

City State Zip Code  
Mahaffey PA 15757-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13/STATE OF PA STATE SUPERVISOR DISTR 2

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.282766**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.63

**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 796 OF 1358
<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. THOMAS F. MCCRACKEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 343 East Main Street  
 City Mahaffey State PA Zip Code 15757-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STATE SUPERVISOR DISTR 2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282845**  
 Amount of Each Receipt this Period 30.00

**B. CHERYL MCCREARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6682 Congress  
 City Belleville State MI Zip Code 48111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.50

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284250**  
 Amount of Each Receipt this Period 12.50

**C. TONY MCCUBBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7740 Cordova Road  
 City Erie State IL Zip Code 61250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.51

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284879**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 797 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. TONY MCCUBBIN</b>			Date of Receipt
Mailing Address 7740 Cordova Road			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284698</b>
Erie	IL	61250	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="515.51"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JENNIFER A. MCCULLEY</b>			Date of Receipt
Mailing Address 509 Ashton Drive			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287624</b>
Fitchburg	WI	53593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="605.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JENNIFER A. MCCULLEY</b>			Date of Receipt
Mailing Address 509 Ashton Drive			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287623</b>
Fitchburg	WI	53593	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="55.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="660.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="185.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 798 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM R. MCDONALD</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283876</b>		
Mailing Address 26760 North Run Road			Amount of Each Receipt this Period 8.00		
City Albany	State OH	Zip Code 45710			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation TECHNICIAN			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 208.00			

Full Name (Last, First, Middle Initial) <b>B. BRIAN P. MCDONNELL</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281657</b>		
Mailing Address 56 Chestnut Lane			Amount of Each Receipt this Period 48.41		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1065.02			

Full Name (Last, First, Middle Initial) <b>C. BRIAN P. MCDONNELL</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281850</b>		
Mailing Address 56 Chestnut Lane			Amount of Each Receipt this Period 48.41		
City Niskayuna	State NY	Zip Code 12309			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation POLITICAL ACTION COORDINATOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1113.43			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.82
<b>TOTAL</b> This Period (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 799 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRIAN P. MCDONNELL</b>			Date of Receipt
Mailing Address 56 Chestnut Lane			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282042</b>
Niskayuna	NY	12309	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="48.41"/>
Name of Employer	Occupation		
AFSCME INT'L	POLITICAL ACTION COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1161.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GERALD MCENTEE</b>			Date of Receipt
Mailing Address 800 25th Street NW Apt. #406			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282129</b>
Washington	DC	20037-2207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="137.05"/>
Name of Employer	Occupation		
AFSCME INT'L/STATE STREET	RETIREE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2131.69"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JERI MCEWEN</b>			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282684</b>
Harrisburg	PA	17111-1599	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.83"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="604.78"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="246.29"/>
<b>TOTAL</b> 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 800 OF 1358
	<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. KATHLEEN MCGAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 665 Shannon Hill Road

City Meshoppen State PA Zip Code 18630

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.282767**

Amount of Each Receipt this Period  
16.00

**B. KATHLEEN MCGAVIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 665 Shannon Hill Road

City Meshoppen State PA Zip Code 18630

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
12 / 31 / 2012  
**Transaction ID : SA11AI.282846**

Amount of Each Receipt this Period  
16.00

**C. NANCY MCGOVERN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.284510**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 82.00

**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 801 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. LYNNE E. MCGRAW</b>			Date of Receipt										
Mailing Address 1258 Smerset way			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		04		2012
M M	/	D D	/	Y Y Y Y									
12		04		2012									
City Pickerington	State OH	Zip Code 43147	<b>Transaction ID : SA11AI.282168</b>										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		60.00										
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR OF ACCOUNTING	Aggregate Year-to-Date ▼											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	850.00												

Full Name (Last, First, Middle Initial) <b>B. LYNNE E. MCGRAW</b>			Date of Receipt										
Mailing Address 1258 Smerset way			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>20</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		20		2012
M M	/	D D	/	Y Y Y Y									
12		20		2012									
City Pickerington	State OH	Zip Code 43147	<b>Transaction ID : SA11AI.282224</b>										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		30.00										
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR OF ACCOUNTING	Aggregate Year-to-Date ▼											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	880.00												

Full Name (Last, First, Middle Initial) <b>C. LYNNE E. MCGRAW</b>			Date of Receipt										
Mailing Address 1258 Smerset way			<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>27</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		27		2012
M M	/	D D	/	Y Y Y Y									
12		27		2012									
City Pickerington	State OH	Zip Code 43147	<b>Transaction ID : SA11AI.282279</b>										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period		30.00										
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR OF ACCOUNTING	Aggregate Year-to-Date ▼											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	910.00												

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (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 802 OF 1358
	<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. CARROLL J. MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 E. Marion

City Marion	State IL	Zip Code 62959
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC AID INVESTIGATOR
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285405**

Amount of Each Receipt this Period  

30.00
-------

**B. CARROLL J. MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 E. Marion

City Marion	State IL	Zip Code 62959
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC AID INVESTIGATOR
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285526**

Amount of Each Receipt this Period  

30.00
-------

**C. MICHAEL MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285738**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.00</b>
<b>TOTAL</b> This Period (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 803 OF 1358
	<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. MICHAEL MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286014**

Amount of Each Receipt this Period  

999	999	999	999	999
				10.00

**B. CHAD MCKENNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 623 N. 39th Avenue W.

City Duluth	State MN	Zip Code 56817
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **484.45**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284485**

Amount of Each Receipt this Period  

999	999	999	999	999
				42.47

**C. KRISTEN E. MCKINLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3656 Cannongate Drive

City Columbus	State OH	Zip Code 43228
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation STAFF ATTORNEY
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282169**

Amount of Each Receipt this Period  

999	999	999	999	999
				38.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.95</b>
<b>TOTAL</b> This Period (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 804 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KRISTEN E. MCKINLEY</b>		Date of Receipt
Mailing Address 3656 Cannongate Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43228		<b>Transaction ID : SA11AI.282225</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer AFSCME OH LOC 4	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="481.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KRISTEN E. MCKINLEY</b>		Date of Receipt
Mailing Address 3656 Cannongate Drive		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43228		<b>Transaction ID : SA11AI.282280</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.24"/>
Name of Employer AFSCME OH LOC 4	Occupation STAFF ATTORNEY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.24"/>	

Full Name (Last, First, Middle Initial) <b>C. AMY E. MCKINNEY</b>		Date of Receipt
Mailing Address 321 East Vine Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Greenville IL 62246		<b>Transaction ID : SA11AI.285527</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="28.99"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation OFFICE ASSOCIATE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202.93"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="67.47"/>
<b>TOTAL</b> 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 805 OF 1358
	<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. CHERYL L. MCKINNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 E 65th Street

City Tacoma	State WA	Zip Code 98404
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285739**

Amount of Each Receipt this Period  
13.00

**B. CHERYL L. MCKINNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 E 65th Street

City Tacoma	State WA	Zip Code 98404
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286015**

Amount of Each Receipt this Period  
13.00

**C. SUE MCLAIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 Sandy Lane

City Edon	State OH	Zip Code 43518
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WILLIAMS COUNTY	Occupation TEACHER
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282513**

Amount of Each Receipt this Period  
20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.84
<b>TOTAL</b> This Period (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 806 OF 1358  
(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. PETER M. MCLINDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 935 Pamela Road  
 City Cincinnati State OH Zip Code 45255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation ASSOCIATE COUNSEL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 959.21

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284352**  
 Amount of Each Receipt this Period 87.32

**B. JUDITH L. MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1808  
 City Poulsbo State WA Zip Code 98370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285740**  
 Amount of Each Receipt this Period 10.00

**C. JUDITH L. MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1808  
 City Poulsbo State WA Zip Code 98370  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286016**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 107.32  
**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 807 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARILYN MCMAHON</b>			Date of Receipt
Mailing Address 7717 28th NW			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285741</b>
Seattle	WA	98117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	NURSE CONSULTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MARILYN MCMAHON</b>			Date of Receipt
Mailing Address 7717 28th NW			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286017</b>
Seattle	WA	98117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	NURSE CONSULTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BARBARA A. MCMASTER</b>			Date of Receipt
Mailing Address 2555-Royal County Dn.			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284353</b>
Uniontown	OH	44685	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.32"/>
Name of Employer	Occupation		
AFSCME OH CN 8	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="438.98"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.32"/>
<b>TOTAL</b> 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 808 OF 1358
<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. DINAH MCMILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3059 Blue Ridge Road

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation RECEPTIONIST
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282170**

Amount of Each Receipt this Period  

40.00
-------

**20.00**

**B. DINAH MCMILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3059 Blue Ridge Road

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation RECEPTIONIST
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282226**

Amount of Each Receipt this Period  

10.00
-------

**10.00**

**C. DINAH MCMILLON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3059 Blue Ridge Road

City Columbus	State OH	Zip Code 43219
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation RECEPTIONIST
-------------------------------------	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282281**

Amount of Each Receipt this Period  

10.00
-------

**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 809 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SUSAN MCMURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5304 Trafalger Place  
 City Madison State WI Zip Code 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 11 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286895**  
 Amount of Each Receipt this Period  
 20.00

**B. SUSAN MCMURRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5304 Trafalger Place  
 City Madison State WI Zip Code 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 11 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286896**  
 Amount of Each Receipt this Period  
 20.00

**C. CATHEY A. MCMURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Mill Creek Road  
 City Raymond State WA Zip Code 98577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 222.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285742**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 810 OF 1358
	<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. CATHEY A. MCMURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Mill Creek Road  
 City Raymond State WA Zip Code 98577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286018**  
 Amount of Each Receipt this Period  
 10.00

**B. KEVIN L. MCMURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Mill Creek Road  
 City Raymond State WA Zip Code 98577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285743**  
 Amount of Each Receipt this Period  
 10.00

**C. KEVIN L. MCMURRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 556 Mill Creek Road  
 City Raymond State WA Zip Code 98577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286019**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 811 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JOSEPH P MCNAMARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1499 N 3rd Avenue W  
 City Newton State IA Zip Code 50208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286568**  
 Amount of Each Receipt this Period 40.00

**B. JOSEPH P MCNAMARA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1499 N 3rd Avenue W  
 City Newton State IA Zip Code 50208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286438**  
 Amount of Each Receipt this Period 10.00

**C. CHRISTOPHER M. MCNEELEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 802 E County Line Road #167  
 City Des Moines State IA Zip Code 50320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.61

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286569**  
 Amount of Each Receipt this Period 41.64

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.64  
**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 812 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER M. MCNEELEY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286439</b>
Mailing Address 802 E County Line Road #167		Amount of Each Receipt this Period 92.43
City Des Moines	State IA	Zip Code 50320
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.02	

Full Name (Last, First, Middle Initial) <b>B. EDWARD MCNEIL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284251</b>
Mailing Address 2546 Edison		Amount of Each Receipt this Period 41.01
City Detroit	State MI	Zip Code 48206
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 943.23	

Full Name (Last, First, Middle Initial) <b>C. EDWARD MCNEIL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.284299</b>
Mailing Address 2546 Edison		Amount of Each Receipt this Period 41.01
City Detroit	State MI	Zip Code 48206
FEC ID number of contributing federal political committee.	C	
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 984.24	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.43
<b>TOTAL</b> This Period (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 813 OF 1358
	<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. EVARN A. MCRAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 N. Drexel Avenue

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283147**

Amount of Each Receipt this Period  
12.00

**B. EVARN A. MCRAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 N. Drexel Avenue

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283515**

Amount of Each Receipt this Period  
12.00

**C. EVARN A. MCRAE**  
Full Name (Last, First, Middle Initial)

Mailing Address 802 N. Drexel Avenue

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283878**

Amount of Each Receipt this Period  
12.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 36.00

**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 814 OF 1358  
(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. BRENDA S. MCTURNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Clairdon Drive  
 City Lucasville State OH Zip Code 45648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283148**  
 Amount of Each Receipt this Period  
 15.00

**B. BRENDA S. MCTURNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Clairdon Drive  
 City Lucasville State OH Zip Code 45648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 306.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283516**  
 Amount of Each Receipt this Period  
 15.00

**C. BRENDA S. MCTURNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 Clairdon Drive  
 City Lucasville State OH Zip Code 45648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283879**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 815 OF 1358
<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. CHERYL A. MEADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 62780 Frankfort Road

City Salesville	State OH	Zip Code 43778
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283880**

Amount of Each Receipt this Period  
8.00

**B. RANDY E. MEADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3157 Schell Drive

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284048**

Amount of Each Receipt this Period  
42.00

**C. RANDY E. MEADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3157 Schell Drive

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283150**

Amount of Each Receipt this Period  
11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.00
<b>TOTAL</b> This Period (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 816 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RANDY E. MEADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3157 Schell Drive

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
256.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283518**

Amount of Each Receipt this Period  
11.00

**B. RANDY E. MEADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3157 Schell Drive

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283881**

Amount of Each Receipt this Period  
11.00

**C. GERARD J. MEARA**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Harmony Way

City Newton	State PA	Zip Code 18940
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 73	Occupation DIRECTOR
-------------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
315.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287541**

Amount of Each Receipt this Period  
60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.00
<b>TOTAL</b> This Period (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 817 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. GERARD J. MEARA</b>		Date of Receipt
Mailing Address 65 Harmony Way		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City Newton	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287539</b>
Name of Employer AFSCME NJ CN 73		Amount of Each Receipt this Period
Occupation DIRECTOR		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="330.00"/>		

Full Name (Last, First, Middle Initial) <b>B. GERARD J. MEARA</b>		Date of Receipt
Mailing Address 65 Harmony Way		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Newton	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287540</b>
Name of Employer AFSCME NJ CN 73		Amount of Each Receipt this Period
Occupation DIRECTOR		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="345.00"/>		

Full Name (Last, First, Middle Initial) <b>C. SALLY MECKLING</b>		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282910</b>
Name of Employer AFSCME OH LOC 11		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="101.19"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="843.25"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="131.19"/>
<b>TOTAL</b> 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 818 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RUDO M. MEDA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281658</b>
Mailing Address 7507 Parkwood Court Apt #304		Amount of Each Receipt this Period 21.41
City Falls Church	State VA Zip Code 22042	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 439.40
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. RUDO M. MEDA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281851</b>
Mailing Address 7507 Parkwood Court Apt #304		Amount of Each Receipt this Period 21.41
City Falls Church	State VA Zip Code 22042	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 460.81
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. RUDO M. MEDA</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282043</b>
Mailing Address 7507 Parkwood Court Apt #304		Amount of Each Receipt this Period 21.41
City Falls Church	State VA Zip Code 22042	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 482.22
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.23
<b>TOTAL</b> This Period (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 819 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DONALD MEHREN</b>			Date of Receipt
Mailing Address 6925 Woodland Blvd.			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286677</b>
Minnesota City	MN	55959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DONALD MEHREN</b>			Date of Receipt
Mailing Address 6925 Woodland Blvd.			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286733</b>
Minnesota City	MN	55959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="580.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. NANINE MEIKLEJOHN</b>			Date of Receipt
Mailing Address 4909 Aurora Drive			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281659</b>
Kensington	MD	20895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.31"/>
Name of Employer	Occupation		
AFSCME INT'L	LEGISLATIVE AFFAIRS SPECIALIST III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.82"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="167.31"/>
<b>TOTAL</b> 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 820 OF 1358
	<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. NANINE MEIKLEJOHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 Aurora Drive  
 City Kensington State MD Zip Code 20895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LEGISLATIVE AFFAIRS SPECIALIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1088.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281852**  
 Amount of Each Receipt this Period  
 47.31

**B. NANINE MEIKLEJOHN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4909 Aurora Drive  
 City Kensington State MD Zip Code 20895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LEGISLATIVE AFFAIRS SPECIALIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1135.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282044**  
 Amount of Each Receipt this Period  
 47.31

**C. CARLOS MEJIA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 514 Shatto Place  
 3rd Floor  
 City Los Angeles State CA Zip Code 90020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 36 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286964**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 124.62  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 821 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JANICE MELDRUM</b>			Date of Receipt
Mailing Address 2904 Sue Drive			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284542</b>
Jefferson City	MO	65109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.77"/>
Name of Employer	Occupation		
AFSCME MO CN 72	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="346.94"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JONATHAN D. MELEGRITO</b>			Date of Receipt
Mailing Address 3511 Frederick Place			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281660</b>
Kensington	MD	20895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="37.41"/>
Name of Employer	Occupation		
AFSCME INT'L	PUBLICATIONS ASSOCIATE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="823.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JONATHAN D. MELEGRITO</b>			Date of Receipt
Mailing Address 3511 Frederick Place			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281853</b>
Kensington	MD	20895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="37.41"/>
Name of Employer	Occupation		
AFSCME INT'L	PUBLICATIONS ASSOCIATE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="860.43"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.59"/>
<b>TOTAL</b> 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 822 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JONATHAN D. MELEGRITO</b>			Date of Receipt
Mailing Address 3511 Frederick Place			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282045</b>
Kensington	MD	20895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="37.41"/>
Name of Employer	Occupation		
AFSCME INT'L	PUBLICATIONS ASSOCIATE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="897.84"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOSEFINA MENDEZ</b>			Date of Receipt
Mailing Address 1408 NE 237th Avenue			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285201</b>
Wood Village	OR	97060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75/STATE OF OR	ADMIN ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOSEFINA MENDEZ</b>			Date of Receipt
Mailing Address 1408 NE 237th Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285302</b>
Wood Village	OR	97060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75/STATE OF OR	ADMIN ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="77.41"/>
<b>TOTAL</b> 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 823 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DAVID A MENDOZA</b>		Date of Receipt
Mailing Address 4301 N. 21st Street Unit # 7		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85016		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281661</b>
Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="46.05"/>
Aggregate Year-to-Date ▼		<input type="text" value="1012.48"/>

Full Name (Last, First, Middle Initial) <b>B. DAVID A MENDOZA</b>		Date of Receipt
Mailing Address 4301 N. 21st Street Unit # 7		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85016		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281854</b>
Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="46.05"/>
Aggregate Year-to-Date ▼		<input type="text" value="1058.53"/>

Full Name (Last, First, Middle Initial) <b>C. DAVID A MENDOZA</b>		Date of Receipt
Mailing Address 4301 N. 21st Street Unit # 7		<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City Phoenix State AZ Zip Code 85016		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282046</b>
Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text" value="46.05"/>
Aggregate Year-to-Date ▼		<input type="text" value="1104.58"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="138.15"/>
<b>TOTAL</b> 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 824 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAUL MERCATANTI</b>			Date of Receipt
Mailing Address 1306 Tarpan Circle			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287543</b>
New Hope	PA	18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="6.00"/>
Name of Employer	Occupation		
AFSCME NJ CN 73	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. PAUL MERCATANTI</b>			Date of Receipt
Mailing Address 1306 Tarpan Circle			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287542</b>
New Hope	PA	18938	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="15.00"/>
Name of Employer	Occupation		
AFSCME NJ CN 73	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOYE E. MERCER-BARKSDALE</b>			Date of Receipt
Mailing Address 5103 Janesdale Court			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281662</b>
Glenn Dale	MD	20769	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="47.31"/>
Name of Employer	Occupation		
AFSCME INT'L	SENIOR SPEECH WRITER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1040.82"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.31"/>
<b>TOTAL</b> 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 825 OF 1358
	<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. JOYE E. MERCER-BARKSDALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5103 Janesdale Court  
 City State Zip Code  
 Glenn Dale MD 20769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L SENIOR SPEECH WRITER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1088.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281855**  
 Amount of Each Receipt this Period  
 47.31

**B. JOYE E. MERCER-BARKSDALE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5103 Janesdale Court  
 City State Zip Code  
 Glenn Dale MD 20769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME INT'L SENIOR SPEECH WRITER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1135.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282047**  
 Amount of Each Receipt this Period  
 47.31

**C. MARGARET MERDLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1110 Driveumlin Drive  
 City State Zip Code  
 Verona WI 53593  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 24 FIELD REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 696.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.284925**  
 Amount of Each Receipt this Period  
 53.56

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.18
<b>TOTAL</b> This Period (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 826 OF 1358
	<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. MICHAEL MEREDITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Ivy Hill Road

City Cockeysville	State MD	Zip Code 21030
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982	Occupation ORGANIZER
--------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.284448**

Amount of Each Receipt this Period  
50.84

**B. GENEVIEVE N MERO**  
Full Name (Last, First, Middle Initial)

Mailing Address 41-678 Inoaole Street

City Waimanalo	State HI	Zip Code 96795
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
---------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285059**

Amount of Each Receipt this Period  
20.00

**C. MARTHA J. MERRILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 8033 Excelsior Drive #B

City Madison	State WI	Zip Code 53717-1903
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287626**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.84
<b>TOTAL</b> This Period (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 827 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. MARTHA J. MERRILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8033 Excelsior Drive #B  
 City Madison State WI Zip Code 53717-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287625**  
 Amount of Each Receipt this Period  
 200.00

**B. MICHAEL J. MESSINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 752 Silver Spring Avenue  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 795.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281663**  
 Amount of Each Receipt this Period  
 35.00

**C. MICHAEL J. MESSINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 752 Silver Spring Avenue  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281856**  
 Amount of Each Receipt this Period  
 35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (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 828 OF 1358
	(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"/> 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. MICHAEL J. MESSINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 752 Silver Spring Avenue  
 City Silver Spring State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 865.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282048**  
 Amount of Each Receipt this Period  
 35.00

**B. MARGARET JEAN METCALFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285744**  
 Amount of Each Receipt this Period  
 10.00

**C. MARGARET JEAN METCALFE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286020**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 829 OF 1358
	<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	<input type="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. RANDALL M. MEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 West Bremer Avenue

City Waverly State IA Zip Code 50677

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **398.86**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286640**

Amount of Each Receipt this Period **36.26**

**B. RANDALL M. MEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 West Bremer Avenue

City Waverly State IA Zip Code 50677

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **435.12**

Date of Receipt **12 / 26 / 2012**

**Transaction ID : SA11AI.286625**

Amount of Each Receipt this Period **36.26**

**C. HEIDI F. MEZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Grant Street

City Bellingham State WA Zip Code 98225

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286198**

Amount of Each Receipt this Period **10.50**

**SUBTOTAL** of Receipts This Page (optional)..... **83.02**

**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 830 OF 1358
	<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. HEIDI F. MEZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1626 Grant Street

City	State	Zip Code
Bellingham	WA	98225

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/COMM COLLEGE	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286185**

Amount of Each Receipt this Period  
 10.50

**B. CINDY A. MICHAEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 331 Central Parkway

City	State	Zip Code
Warren	OH	44483

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH CN 8	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
703.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284354**

Amount of Each Receipt this Period  
 64.18

**C. JOHN MICHALEC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1544 N. Hickory

City	State	Zip Code
Owosso	MI	48867

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MI CN 25	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284252**

Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.68
<b>TOTAL</b> This Period (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 831 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JOHN MICHALEC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1544 N. Hickory

City Owosso State MI Zip Code 48867

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2012**

**Transaction ID : SA11AI.284300**

Amount of Each Receipt this Period  
**21.00**

**B. GLENARD MIDDLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2094.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.284177**

Amount of Each Receipt this Period  
**14.00**

**C. GLENARD MIDDLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2274.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.284420**

Amount of Each Receipt this Period  
**180.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>215.00</b>
<b>TOTAL</b> This Period (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 832 OF 1358
	<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. GLENARD MIDDLETON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284207**

Amount of Each Receipt this Period  
 14.00

**B. JOSIP MIHELICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285747**

Amount of Each Receipt this Period  
 24.00

**C. JOSIP MIHELICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286023**

Amount of Each Receipt this Period  
 24.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00

**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 833 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. YVETTE M. MILHEISER</b>		Date of Receipt
Mailing Address 324 Oak Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Menasha	WI	54952
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287629</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WI CN 40	STAFF REPRESENTATIVE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. YVETTE M. MILHEISER</b>		Date of Receipt
Mailing Address 324 Oak Street		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Menasha	WI	54952
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287627</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WI CN 40	STAFF REPRESENTATIVE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ARTHUR MILLER</b>		Date of Receipt
Mailing Address 911 White Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cloquet	MN	55720
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286678</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="410.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 834 OF 1358
	<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. ARTHUR MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 911 White Avenue

City Cloquet	State MN	Zip Code 55720
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284486**

Amount of Each Receipt this Period  
30.00

**B. ARTHUR MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 911 White Avenue

City Cloquet	State MN	Zip Code 55720
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286734**

Amount of Each Receipt this Period  
20.00

**C. DORINDA K. MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1601 E Fairlawn Drive

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SUPPORT STAFF
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
479.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285409**

Amount of Each Receipt this Period  
62.55

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.55
<b>TOTAL</b> This Period (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 835 OF 1358
	<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. DORINDA K. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1601 E Fairlawn Drive

City Urbana	State IL	Zip Code 61802
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation SUPPORT STAFF
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285530**

Amount of Each Receipt this Period  
20.85

**B. JOHN E. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3020 94th Avenue E.

City Seattle	State WA	Zip Code 98126
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/UNIV OF WA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286172**

Amount of Each Receipt this Period  
40.00

**C. MATTHEW A. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 207 W Marshall Street

City Marshall	State MN	Zip Code 56852
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
710.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284528**

Amount of Each Receipt this Period  
59.22

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.07
<b>TOTAL</b> This Period (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 836 OF 1358
	<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. MONTE J. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9015 NE 80th Street

City Vancouver	State WA	Zip Code 98662
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285748**

Amount of Each Receipt this Period  
10.50

**B. MONTE J. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 9015 NE 80th Street

City Vancouver	State WA	Zip Code 98662
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286024**

Amount of Each Receipt this Period  
10.50

**C. SCOTT D. MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2056 W Hutchinson  
2nd Fl.

City Chicago	State IL	Zip Code 60618
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL
-------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
828.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284881**

Amount of Each Receipt this Period  
75.36

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.36
<b>TOTAL</b> This Period (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 837 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SCOTT D. MILLER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284700</b>
Mailing Address 2056 W Hutchinson 2nd Fl.		Amount of Each Receipt this Period 75.36
City Chicago	State IL	Zip Code 60618
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 904.32	

Full Name (Last, First, Middle Initial) <b>B. SHARON A. MILLER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 03 / 2012 <b>Transaction ID : SA11AI.285411</b>
Mailing Address 1442 Cirle Avenue		Amount of Each Receipt this Period 44.84
City Forest Park	State IL	Zip Code 60130
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation HUMAN SERVICES CASEW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.66	

Full Name (Last, First, Middle Initial) <b>C. SHARON A. MILLER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285532</b>
Mailing Address 1442 Cirle Avenue		Amount of Each Receipt this Period 22.42
City Forest Park	State IL	Zip Code 60130
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation HUMAN SERVICES CASEW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.08	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.62
<b>TOTAL</b> This Period (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 838 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SUSAN M. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Meadow Lane  
 City De Forest State WI Zip Code 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284973**  
 Amount of Each Receipt this Period  
 20.00

**B. SUSAN M. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Meadow Lane  
 City De Forest State WI Zip Code 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2012  
**Transaction ID : SA11AI.284974**  
 Amount of Each Receipt this Period  
 20.00

**C. SUSAN M. MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 Meadow Lane  
 City De Forest State WI Zip Code 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.284975**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 839 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY MILLER</b>		Date of Receipt
Mailing Address 2724 Pine Avenue		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Altoona	PA	16601
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282685</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13	STAFF REPRESENTATIVE	<input type="text" value="91.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="939.50"/>	

Full Name (Last, First, Middle Initial) <b>B. WINNIE C. MILLER</b>		Date of Receipt
Mailing Address 4671 E Main Street Apt. 23		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283884</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	SECRETARY	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KATHY S. MILLION</b>		Date of Receipt
Mailing Address 3716 89th Street Apt. #106		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Kenosha	WI	53142
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.287632</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME WI CN 40/KENOSHA COUNTY	STAFF REPRESENTATIVE	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="290.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="151.45"/>
<b>TOTAL</b> 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 840 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KATHY S. MILLION</b>		Date of Receipt
Mailing Address 3716 89th Street Apt. #106		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Kenosha	State WI	Zip Code 53142
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : SA11AI.287630</b>	
Name of Employer AFSCME WI CN 40/KENOSHA COUNTY	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period <input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KATHY S. MILLION</b>		Date of Receipt
Mailing Address 3716 89th Street Apt. #106		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Kenosha	State WI	Zip Code 53142
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : SA11AI.287631</b>	
Name of Employer AFSCME WI CN 40/KENOSHA COUNTY	Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period <input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="310.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CAROL L. MILLS-HAWKINS</b>		Date of Receipt
Mailing Address 107 W. Lawrence Apt. 6		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : SA11AI.285412</b>	
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CASEWORKER	Amount of Each Receipt this Period <input type="text" value="41.68"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="479.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="61.68"/>
<b>TOTAL</b> 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 841 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CAROL L. MILLS-HAWKINS</b>		Date of Receipt
Mailing Address 107 W. Lawrence Apt. 6		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285533</b>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CASEWORKER	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="41.68"/>
	<input type="text" value="521.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KAREN L. MILTON</b>		Date of Receipt
Mailing Address 8616 Golden Given Road E.		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Tacoma	State WA	Zip Code 98445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285749</b>
Name of Employer AFSCME WA CN 28/STATE OF WA	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="10.50"/>
	<input type="text" value="241.50"/>	

Full Name (Last, First, Middle Initial) <b>C. KAREN L. MILTON</b>		Date of Receipt
Mailing Address 8616 Golden Given Road E.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Tacoma	State WA	Zip Code 98445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286025</b>
Name of Employer AFSCME WA CN 28/STATE OF WA	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="10.50"/>
	<input type="text" value="252.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="62.68"/>
<b>TOTAL</b> 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 842 OF 1358
	<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. KIRK C MINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1097 Carolyn Avenue

City Columbus	State OH	Zip Code 43224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282318**

Amount of Each Receipt this Period  

12.50
-------

**B. KIRK C MINER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1097 Carolyn Avenue

City Columbus	State OH	Zip Code 43224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282349**

Amount of Each Receipt this Period  

12.50
-------

**C. HAROLD F. MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 3999 Kensingwood Drive

City Columbus	State OH	Zip Code 43230
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation ASSISTANT ORGANIZING DIRECTOR
------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1264.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284355**

Amount of Each Receipt this Period  

115.12
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.12</b>
<b>TOTAL</b> This Period (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 843 OF 1358
	<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. THOMAS R. MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2669 Elizabeth Drive

City Avon State OH Zip Code 44011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AVON LSD Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.40**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.282520**

Amount of Each Receipt this Period  
**19.24**

**B. THOMAS R. MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2669 Elizabeth Drive

City Avon State OH Zip Code 44011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AVON LSD Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.02**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.282521**

Amount of Each Receipt this Period  
**9.62**

**C. THOMAS R. MITCHELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2669 Elizabeth Drive

City Avon State OH Zip Code 44011

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AVON LSD Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **251.64**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.282522**

Amount of Each Receipt this Period  
**9.62**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>38.48</b>
<b>TOTAL</b> This Period (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 844 OF 1358
<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. WILLIAM D. MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286572**  
 Amount of Each Receipt this Period  
 39.28

**B. WILLIAM D. MITCHELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286442**  
 Amount of Each Receipt this Period  
 9.82

**C. WANDA MITCHELL-SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1925 Elba Drive  
 City Louisville State KY Zip Code 40218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IN CN 62 Occupation DELEGATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286926**  
 Amount of Each Receipt this Period  
 96.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.60
<b>TOTAL</b> This Period (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 845 OF 1358
	<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. WANDA MITCHELL-SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1925 Elba Drive  
 City Louisville State KY Zip Code 40218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IN CN 62 Occupation DELEGATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 371.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.286927**  
 Amount of Each Receipt this Period  
 25.00

**B. JOYCE A. MIX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5677 Sundial Drive  
 City Galloway State OH Zip Code 43119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282319**  
 Amount of Each Receipt this Period  
 12.50

**C. JOYCE A. MIX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5677 Sundial Drive  
 City Galloway State OH Zip Code 43119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282350**  
 Amount of Each Receipt this Period  
 12.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 846 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DEREK M. MIZUNO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.285060</b>
Mailing Address 888 Mililani Street Suite 601		Amount of Each Receipt this Period 50.00
City Honolulu	State HI Zip Code 96813-2991	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 600.00
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. AMBER F. MOATS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.286573</b>
Mailing Address 107 Spahr P.O. Box 95		Amount of Each Receipt this Period 61.64
City Mount Union	State IA Zip Code 52644	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 323.61
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. AMBER F. MOATS</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286443</b>
Mailing Address 107 Spahr P.O. Box 95		Amount of Each Receipt this Period 15.41
City Mount Union	State IA Zip Code 52644	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 339.02
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	127.05
<b>TOTAL</b> This Period (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 847 OF 1358
	<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. JASON D. MOATS**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.61

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286574**

Amount of Each Receipt this Period  
41.64

**B. JASON D. MOATS**  
Full Name (Last, First, Middle Initial)

Mailing Address 107 Spahr P.O. Box 95

City Mount Union	State IA	Zip Code 52644
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
229.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286444**

Amount of Each Receipt this Period  
10.41

**C. HARRY MOBLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2635 Cranberry Circle

City Harrisburg	State PA	Zip Code 17110
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
976.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282686**

Amount of Each Receipt this Period  
109.74

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	161.79
<b>TOTAL</b> This Period (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 848 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KELLY L. MOBLEY</b>			Date of Receipt
Mailing Address 3739 Elmlawn Drive			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282171</b>
Toledo	OH	43614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KELLY L. MOBLEY</b>			Date of Receipt
Mailing Address 3739 Elmlawn Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282227</b>
Toledo	OH	43614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KELLY L. MOBLEY</b>			Date of Receipt
Mailing Address 3739 Elmlawn Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282282</b>
Toledo	OH	43614	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<b>TOTAL</b> 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 849 OF 1358
<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. ERIC J. MOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 944 Cottonwood Drive

City Stoughton	State WI	Zip Code 53589
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.284982**

Amount of Each Receipt this Period  

30.00
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**B. ERIC J. MOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 944 Cottonwood Drive

City Stoughton	State WI	Zip Code 53589
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.284983**

Amount of Each Receipt this Period  

30.00
-------

**C. ERIC J. MOE**  
Full Name (Last, First, Middle Initial)

Mailing Address 944 Cottonwood Drive

City Stoughton	State WI	Zip Code 53589
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284984**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (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 850 OF 1358
	<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. DEBORAH MOEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1508 309th Avenue NW

City Cambridge State MN Zip Code 55008-6939

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.286679**

Amount of Each Receipt this Period 24.00

**B. DEBORAH MOEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1508 309th Avenue NW

City Cambridge State MN Zip Code 55008-6939

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 324.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286735**

Amount of Each Receipt this Period 24.00

**C. MATTHEW J. MOLEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 29140 Barjode Road

City Willowick State OH Zip Code 44095

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WICKLIFFE CSD Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 373.44

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282523**

Amount of Each Receipt this Period 41.68

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.68

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 851 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. DAWN J. MOLLE</b>			Date of Receipt
Mailing Address 1139 193rd Street			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286445</b>
Boone	IA	50036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="9.18"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="201.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ERIN E. MOLNAR</b>			Date of Receipt
Mailing Address 1397 Letchworth Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282769</b>
Camp Hill	PA	17011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="18.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="216.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ERIN E. MOLNAR</b>			Date of Receipt
Mailing Address 1397 Letchworth Road			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282848</b>
Camp Hill	PA	17011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="18.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="234.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.18"/>
<b>TOTAL</b> 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 852 OF 1358
	<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. TRINA MOLNAR-BOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14-8 Meadowlawn Drive

City Mentor	State OH	Zip Code 44060
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
553.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282172**

Amount of Each Receipt this Period  
46.16

**B. TRINA MOLNAR-BOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14-8 Meadowlawn Drive

City Mentor	State OH	Zip Code 44060
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
577.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282228**

Amount of Each Receipt this Period  
23.08

**C. TRINA MOLNAR-BOCK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14-8 Meadowlawn Drive

City Mentor	State OH	Zip Code 44060
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282283**

Amount of Each Receipt this Period  
23.08

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.32
<b>TOTAL</b> This Period (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 853 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KAREN MOMBERGER</b>			Date of Receipt
Mailing Address 102 Manor Road			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282688</b>
New Kensington	PA	15068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="91.74"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1094.58"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RICHARD A. MONK</b>			Date of Receipt
Mailing Address 3020 94th Avenue E.			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286173</b>
Edgewood	WA	98371	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/UNIV OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DELMA MONTEVERDE</b>			Date of Receipt
Mailing Address 23900 59th Place W.			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285750</b>
Mountlake Terra	WA	98043	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="122.24"/>
<b>TOTAL</b> 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 854 OF 1358  
(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. DELMA MONTEVERDE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23900 59th Place W.  
 City State Zip Code  
 Mountlake Terra WA 98043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286026**  
 Amount of Each Receipt this Period  
 10.50

**B. DAVID A. MOODY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Beacon Street  
 City State Zip Code  
 Boston MA 02108-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MA CN 93 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284511**  
 Amount of Each Receipt this Period  
 30.00

**C. APRIL R. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 Saint Andrews Circle  
 City State Zip Code  
 Rantoul IL 61866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 479.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285414**  
 Amount of Each Receipt this Period  
 62.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.05  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 855 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. APRIL R. MOORE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285535</b>
Mailing Address 841 Saint Andrews Circle			Amount of Each Receipt this Period 488.85
City Rantoul	State IL	Zip Code 61866	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.40
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DOUGLAS MOORE</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.284178</b>
Mailing Address 10176 Foothill Court			Amount of Each Receipt this Period 14.00
City Spring Valley	State CA	Zip Code 91977	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 474.00
Name of Employer AFSCME CA LOC 3930		Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DOUGLAS MOORE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284208</b>
Mailing Address 10176 Foothill Court			Amount of Each Receipt this Period 488.00
City Spring Valley	State CA	Zip Code 91977	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 488.00
Name of Employer AFSCME CA LOC 3930		Occupation INT'L VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.85
<b>TOTAL</b> This Period (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 856 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ERIC D. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 810 Wildwood Drive  
Apt 22

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MO CN 72 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : SA11AI.284543**

Amount of Each Receipt this Period  
22.50

**B. GLADYS K. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 15104 Joppa Place

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 29 / 2012  
**Transaction ID : SA11AI.281664**

Amount of Each Receipt this Period  
12.00

**C. GLADYS K. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 15104 Joppa Place

City Bowie State MD Zip Code 20721

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
324.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 11 / 2012  
**Transaction ID : SA11AI.281857**

Amount of Each Receipt this Period  
12.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46.50
<b>TOTAL</b> This Period (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 857 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. GLADYS K. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15104 Joppa Place  
 City Bowie State MD Zip Code 20721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation LEGAL ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282049**  
 Amount of Each Receipt this Period  
 12.00

**B. JULIANE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 North Wenas Avenue  
 City Selah State WA Zip Code 98942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 474.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285751**  
 Amount of Each Receipt this Period  
 15.00

**C. JULIANE MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 North Wenas Avenue  
 City Selah State WA Zip Code 98942  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 489.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286027**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42.00
<b>TOTAL</b> This Period (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 858 OF 1358  
(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. LEONARD T. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5656 Echo Road  
 City Columbus State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PAROLE & COMM PROCESSING SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283155**  
 Amount of Each Receipt this Period  
 15.00

**B. LEONARD T. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5656 Echo Road  
 City Columbus State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PAROLE & COMM PROCESSING SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283523**  
 Amount of Each Receipt this Period  
 15.00

**C. LEONARD T. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5656 Echo Road  
 City Columbus State OH Zip Code 43230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation PAROLE & COMM PROCESSING SPEC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283886**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 859 OF 1358
	<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. STEVEN H. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 714 Lickliter

City Benton State IL Zip Code 62812

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.285415**

Amount of Each Receipt this Period  
20.84

**B. STEVEN H. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 714 Lickliter

City Benton State IL Zip Code 62812

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CHILD SPECIALIST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285536**

Amount of Each Receipt this Period  
10.42

**C. THYRION C. MOORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4401 76th Avenue W.  
Apt. 10

City University Place State WA Zip Code 98466

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285752**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.26

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 860 OF 1358
	<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. THYRION C. MOORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4401 76th Avenue W.  
 Apt. 10  
 City State Zip Code  
 University Place WA 98466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286028**  
 Amount of Each Receipt this Period  
 10.00

**B. LINDA E. MORALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5343 Passons Blvd.  
 City State Zip Code  
 Pico Rivera CA 90660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CA LOC 1199/COPE NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287309**  
 Amount of Each Receipt this Period  
 10.00

**C. LINDA E. MORALES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5343 Passons Blvd.  
 City State Zip Code  
 Pico Rivera CA 90660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CA LOC 1199/COPE NURSE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287182**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 861 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. LINDA E. MORALES</b>			Date of Receipt
Mailing Address 5343 Passons Blvd.			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287270</b>
Pico Rivera	CA	90660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME CA LOC 1199/COPE	NURSE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. PATRICK G. MORAN</b>			Date of Receipt
Mailing Address 415 U Street NW			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281665</b>
Washington	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="77.31"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA ORGANIZING DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1661.32"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. PATRICK G. MORAN</b>			Date of Receipt
Mailing Address 415 U Street NW			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281858</b>
Washington	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="77.31"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA ORGANIZING DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1738.63"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="174.62"/>
<b>TOTAL</b> 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 862 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PATRICK G. MORAN</b>			Date of Receipt
Mailing Address 415 U Street NW			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282050</b>
Washington	DC	20001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="77.31"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA ORGANIZING DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1815.94"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ANGELA G. MORGAN</b>			Date of Receipt
Mailing Address 1564 Emmons Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283887</b>
Dayton	OH	45410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ANN M. MORGAN</b>			Date of Receipt
Mailing Address 1 Dark Hollow Road			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282851</b>
Tunkhannock	PA	18657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="16.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="101.31"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 863 OF 1358
	<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. DAVID MORITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285753**

Amount of Each Receipt this Period  
10.00

**B. DAVID MORITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286029**

Amount of Each Receipt this Period  
10.00

**C. KAREN E. MORK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285754**

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 864 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KAREN E. MORK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286030**  
 Amount of Each Receipt this Period  
**10.50**

**B. FRANCIS MORONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Jamaica Road  
 City Brookline State MA Zip Code 02146-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MA CN 93 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284512**  
 Amount of Each Receipt this Period  
**40.00**

**C. BRENDA MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Beth Drive  
 City Fairchance State PA Zip Code 15436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **766.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282689**  
 Amount of Each Receipt this Period  
**67.70**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>118.20</b>
<b>TOTAL</b> This Period (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 865 OF 1358
	<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. CHRISTOPHER A. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 N. Bunchberry Court  
 City Athens State IL Zip Code 62613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 253.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285417**  
 Amount of Each Receipt this Period  
 22.00

**B. CHRISTOPHER A. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 703 N. Bunchberry Court  
 City Athens State IL Zip Code 62613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation INFORMATION SYSTEMS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285538**  
 Amount of Each Receipt this Period  
 22.00

**C. LAURA B. MORRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 996 S Champion Avenue  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283157**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	54.00
<b>TOTAL</b> This Period (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 866 OF 1358
	<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. LAURA B. MORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 996 S Champion Avenue

City Columbus State OH Zip Code 43206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283525**

Amount of Each Receipt this Period 10.00

**B. LAURA B. MORRIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 996 S Champion Avenue

City Columbus State OH Zip Code 43206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283888**

Amount of Each Receipt this Period 10.00

**C. RACHEL C. MORROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 6221 Ssassafra Lane

City Toledo State OH Zip Code 43615

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282173**

Amount of Each Receipt this Period 38.48

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 867 OF 1358	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RACHEL C. MORROW</b>			Date of Receipt	
Mailing Address 6221 Ssassafra Lane			M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012	
City Toledo State OH Zip Code 43615			<b>Transaction ID : SA11AI.282229</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 19.24	
Name of Employer AFSCME OH LOC 4		Occupation FIELD REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 481.00		

Full Name (Last, First, Middle Initial) <b>B. RACHEL C. MORROW</b>			Date of Receipt	
Mailing Address 6221 Ssassafra Lane			M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2012	
City Toledo State OH Zip Code 43615			<b>Transaction ID : SA11AI.282284</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 19.24	
Name of Employer AFSCME OH LOC 4		Occupation FIELD REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.24		

Full Name (Last, First, Middle Initial) <b>C. LORI MORTON</b>			Date of Receipt	
Mailing Address 1212 Jefferson St., SE Suite 300			M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012	
City Olympia State WA Zip Code 98501			<b>Transaction ID : SA11AI.285755</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 10.50	
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.50		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.98
<b>TOTAL</b> This Period (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 868 OF 1358
	<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. LORI MORTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286031**

Amount of Each Receipt this Period  
10.50

**B. LACRETIA J. MOSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3117 S. 72nd Street

City Milwaukee State WI Zip Code 53219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284985**

Amount of Each Receipt this Period  
10.00

**C. LACRETIA J. MOSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3117 S. 72nd Street

City Milwaukee State WI Zip Code 53219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 17 / 2012  
**Transaction ID : SA11AI.284986**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.50
<b>TOTAL</b> This Period (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 869 OF 1358
	(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"/> 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. LACRETIA J. MOSS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3117 S. 72nd Street

City Milwaukee	State WI	Zip Code 53219
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.284987**

Amount of Each Receipt this Period  
10.00

**B. FORREST S. MUEGGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1388

City Richland	State WA	Zip Code 99352
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285756**

Amount of Each Receipt this Period  
10.00

**C. FORREST S. MUEGGLER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1388

City Richland	State WA	Zip Code 99352
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286032**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 870 OF 1358  
(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. RODRIGO A. MUJICA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Meyer Lane  
 City Medford State NY Zip Code 11763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/OYSTER BAY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286334**  
 Amount of Each Receipt this Period  
 9.62

**B. RODRIGO A. MUJICA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Meyer Lane  
 City Medford State NY Zip Code 11763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/OYSTER BAY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.286335**  
 Amount of Each Receipt this Period  
 9.62

**C. RODRIGO A. MUJICA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 74 Meyer Lane  
 City Medford State NY Zip Code 11763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/OYSTER BAY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286336**  
 Amount of Each Receipt this Period  
 9.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 28.86  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 871 OF 1358  
(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. MICHELLE MULHERIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2462 Cleveland Avenue  
 City Reading State PA Zip Code 19609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **877.92**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : SA11AI.282690**  
 Amount of Each Receipt this Period **73.16**

**B. ANDREW J. MULHERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1437 N 66th Street  
 City Milwaukee State WI Zip Code 53215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 03 / 2012**  
**Transaction ID : SA11AI.284988**  
 Amount of Each Receipt this Period **10.00**

**C. ANDREW J. MULHERN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1437 N 66th Street  
 City Milwaukee State WI Zip Code 53215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 17 / 2012**  
**Transaction ID : SA11AI.284989**  
 Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **93.16**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 872 OF 1358
	<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	<input type="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. ANDREW J. MULHERN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1437 N 66th Street

City Milwaukee State WI Zip Code 53215

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.284990**

Amount of Each Receipt this Period 100.00

**B. GREGORY S. MULLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 6101 NE Oregon Street

City Portland State OR Zip Code 97213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285305**

Amount of Each Receipt this Period 20.00

**C. STEVEN C. MULLEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 544 Clermont Drive

City Harrisburg State PA Zip Code 17112

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation TRADES LABORER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1195.42

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282691**

Amount of Each Receipt this Period 101.56

**SUBTOTAL** of Receipts This Page (optional).....▶ 131.56

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 873 OF 1358
	<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. JEANNINE D. MULLINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6600 Steinway Drive G  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation UNEMPLOYMENT CLAIMS REP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **208.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283890**  
 Amount of Each Receipt this Period  
**8.00**

**B. DEBORA L. MULROONEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2911 SE 20th Avenue  
 City Albany State OR Zip Code 97322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COURT CLERK  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285306**  
 Amount of Each Receipt this Period  
**25.00**

**C. TRACY J MUNTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3220 Ray Nash Drive NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **313.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285757**  
 Amount of Each Receipt this Period  
**15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>48.00</b>
<b>TOTAL</b> This Period (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 874 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. TRACY J MUNTZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3220 Ray Nash Drive NW  
 City Gig Harbor State WA Zip Code 98335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **328.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286033**  
 Amount of Each Receipt this Period  
**15.00**

**B. AMY D. MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 72  
 City Carbonado State WA Zip Code 98323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284099**  
 Amount of Each Receipt this Period  
**20.00**

**C. AMY D. MURPHY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 72  
 City Carbonado State WA Zip Code 98323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284148**  
 Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>55.00</b>
<b>TOTAL</b> This Period (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 875 OF 1358
	<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. DEBORA A. MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5718 Mayfair Street SW

City Cedar Rapids	State IA	Zip Code 52404
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
287.46

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		27		2012

**Transaction ID : SA11AI.286577**

Amount of Each Receipt this Period  
60.00

**B. DEBORA A. MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5718 Mayfair Street SW

City Cedar Rapids	State IA	Zip Code 52404
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
302.46

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		05		2012

**Transaction ID : SA11AI.286447**

Amount of Each Receipt this Period  
15.00

**C. JAMES MURPHY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1208 Chambers Street

City Steilacoom	State WA	Zip Code 98388
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
253.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2012

**Transaction ID : SA11AI.285758**

Amount of Each Receipt this Period  
11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.00
<b>TOTAL</b> This Period (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 876 OF 1358
	<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. JAMES MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Chambers Street

City Steilacoom	State WA	Zip Code 98388
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286034**

Amount of Each Receipt this Period  
11.00

**B. KALEB E. MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 72

City Carbonado	State WA	Zip Code 98323
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285759**

Amount of Each Receipt this Period  
10.00

**C. KALEB E. MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 72

City Carbonado	State WA	Zip Code 98323
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286035**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.00
<b>TOTAL</b> This Period (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 877 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KEVIN MURPHY</b>		Date of Receipt
Mailing Address 25 High Gate Road #C-3		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.287391</b>
Newington	CT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="60.00"/>
06113-0000		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME CT CN 4	ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KEVIN MURPHY</b>		Date of Receipt
Mailing Address 25 High Gate Road #C-3		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.287390</b>
Newington	CT	Amount of Each Receipt this Period
Zip Code		<input type="text" value="30.00"/>
06113-0000		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME CT CN 4	ORGANIZING DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARK MURPHY</b>		Date of Receipt
Mailing Address 2133 Farrington Avenue		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.281666</b>
Alexandria	VA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="47.31"/>
22303		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME INT'L	LABOR ECONOMIST III	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1033.43"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="137.31"/>
<b>TOTAL</b> 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 878 OF 1358
	<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. MARK MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2133 Farrington Avenue

City Alexandria State VA Zip Code 22303

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.74**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281859**

Amount of Each Receipt this Period **47.31**

**B. MARK MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2133 Farrington Avenue

City Alexandria State VA Zip Code 22303

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation LABOR ECONOMIST III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1128.05**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282051**

Amount of Each Receipt this Period **47.31**

**C. MICHAEL P. MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Eddington Avenue

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **942.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.282773**

Amount of Each Receipt this Period **82.00**

**SUBTOTAL** of Receipts This Page (optional)..... **176.62**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 879 OF 1358
	<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. MICHAEL P. MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 92 Eddington Avenue

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1024.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.282852**

Amount of Each Receipt this Period  
 82.00

**B. RYAN MURPHY**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.284450**

Amount of Each Receipt this Period  
 32.50

**C. MELINDA MURPHY JONES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.285761**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 880 OF 1358
	<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. MELINDA MURPHY JONES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286037**  
 Amount of Each Receipt this Period **10.00**

**B. JO MUSEL-PARR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2488 Woodcrest Drive  
 City Chaska State MN Zip Code 55318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **245.91**

Date of Receipt **12 / 06 / 2012**  
**Transaction ID : SA11AI.284529**  
 Amount of Each Receipt this Period **24.17**

**C. JOSEPH F. MUSSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4904 South Catherine Street  
 City Plattsburgh State NY Zip Code 12901-3657  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/CLINTON Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **200.92**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286321**  
 Amount of Each Receipt this Period **47.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>81.17</b>
<b>TOTAL</b> This Period (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 881 OF 1358
	<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. JOSEPH F. MUSSO**  
Full Name (Last, First, Middle Initial)

Mailing Address 4904 South Catherine Street

City State Zip Code  
Plattsburgh NY 12901-3657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME NY LOC 1000/CLINTON STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.54

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2012  
**Transaction ID : SA11AI.286337**

Amount of Each Receipt this Period  
9.62

**B. BENITA MUSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012  
**Transaction ID : SA11AI.285762**

Amount of Each Receipt this Period  
10.50

**C. BENITA MUSTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.286038**

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.62

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 882 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. CATHY MYER</b>		Date of Receipt
Mailing Address 3021 S Tacoma		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Indianapolis	IN	46237
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286928</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
Name of Employer	Occupation	
AFSCME IN CN 62	ORGANIZER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="720.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CATHY MYER</b>		Date of Receipt
Mailing Address 3021 S Tacoma		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Indianapolis	IN	46237
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286929</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME IN CN 62	ORGANIZER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="760.00"/>	

Full Name (Last, First, Middle Initial) <b>C. STEVEN L. MYERS</b>		Date of Receipt
Mailing Address 696 Hull Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mansfield	OH	44907
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282174</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	REGIONAL DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="960.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> 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 883 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. STEVEN L. MYERS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.282230</b>
Mailing Address 696 Hull Road			Amount of Each Receipt this Period 40.00
City Mansfield	State OH	Zip Code 44907	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00	
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. STEVEN L. MYERS</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282285</b>
Mailing Address 696 Hull Road			Amount of Each Receipt this Period 40.00
City Mansfield	State OH	Zip Code 44907	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1040.00	
Name of Employer AFSCME OH LOC 4		Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. PHYLLIS S. NAIAD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284100</b>
Mailing Address 13304 58th Drive NE			Amount of Each Receipt this Period 52.26
City Marysville	State WA	Zip Code 98271	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 594.86	
Name of Employer AFSCME WA CN 28		Occupation COUNCIL REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.26
<b>TOTAL</b> This Period (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 884 OF 1358
	(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"/> 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. PHYLLIS S. NAIAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13304 58th Drive NE  
 City Marysville State WA Zip Code 98271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 647.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284149**  
 Amount of Each Receipt this Period  
 52.26

**B. REBECCA NASSARRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 S Norfolk Street  
 City San Mateo State CA Zip Code 94403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57/SAN MATEO CNTY Occupation SOCIAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287709**  
 Amount of Each Receipt this Period  
 37.00

**C. REBECCA NASSARRE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 S Norfolk Street  
 City San Mateo State CA Zip Code 94403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 57/SAN MATEO CNTY Occupation SOCIAL WORKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.287708**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	139.26
<b>TOTAL</b> This Period (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 885 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARK NATOLI</b>		Date of Receipt
Mailing Address 267 S Oak Knoll Avenue #8		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286945</b>
Name of Employer AFSCME CA CN 36/LOCAL 575		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="310.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MARK NATOLI</b>		Date of Receipt
Mailing Address 267 S Oak Knoll Avenue #8		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Pasadena	State CA	Zip Code 91101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286954</b>
Name of Employer AFSCME CA CN 36/LOCAL 575		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="30.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="340.00"/>	

Full Name (Last, First, Middle Initial) <b>C. RACHEL E. NAUMAN</b>		Date of Receipt
Mailing Address 11021 Horseshoe Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Frederick	State MD	Zip Code 21701-3397
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281667</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation SPECIAL ASSISTANT TO SECRETARY TREA		<input type="text" value="48.97"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="991.03"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="103.97"/>
<b>TOTAL</b> 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 886 OF 1358
	<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	<input type="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. RACHEL E. NAUMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11021 Horseshoe Drive

City Frederick State MD Zip Code 21701-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281860**

Amount of Each Receipt this Period 48.97

**B. RACHEL E. NAUMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11021 Horseshoe Drive

City Frederick State MD Zip Code 21701-3397

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation SPECIAL ASSISTANT TO SECRETARY TREASURER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1088.97

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.282052**

Amount of Each Receipt this Period 48.97

**C. JAMES NEBLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 17635 Greenview

City Detroit State MI Zip Code 48219-3588

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation ADMINISTRATIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 860.89

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284253**

Amount of Each Receipt this Period 37.43

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 135.37

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 887 OF 1358
	<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. JAMES NEBLETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 17635 Greenview

City Detroit State MI Zip Code 48219-3588

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation ADMINISTRATIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **898.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284301**

Amount of Each Receipt this Period  
**37.43**

**B. NORMAN NEELY**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Iliad Drive

City Tinley Park State IL Zip Code 60477

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **895.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284882**

Amount of Each Receipt this Period  
**67.74**

**C. NORMAN NEELY**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Iliad Drive

City Tinley Park State IL Zip Code 60477

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **962.88**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284701**

Amount of Each Receipt this Period  
**67.74**

**SUBTOTAL** of Receipts This Page (optional)..... **172.91**

**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: (check only one)	PAGE 888 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JOE NEHRING</b>		Date of Receipt
Mailing Address 687 Emily Street		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
North Liberty	IA	52317
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284400</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="64.00"/>
Name of Employer	Occupation	
AFSCME IA CN 61	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="657.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BERNADETTE J. NEIDERT</b>		Date of Receipt
Mailing Address 2930 South Broad Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Trenton	NJ	08610-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287511</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="22.08"/>
Name of Employer	Occupation	
AFSCME NJ CN 1	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="235.80"/>	

Full Name (Last, First, Middle Initial) <b>C. BERNADETTE J. NEIDERT</b>		Date of Receipt
Mailing Address 2930 South Broad Street		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Trenton	NJ	08610-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287510</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="22.08"/>
Name of Employer	Occupation	
AFSCME NJ CN 1	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="257.88"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="108.16"/>
<b>TOTAL</b> 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 889 OF 1358
	<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. SA NELSEN-BUSTETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285763**  
 Amount of Each Receipt this Period  
 10.50

**B. SA NELSEN-BUSTETTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286039**  
 Amount of Each Receipt this Period  
 10.50

**C. CATHERINE M. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3606 SE Sunrise Drive  
 City Camas State WA Zip Code 98607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285764**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.00  
**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 890 OF 1358
	<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. CATHERINE M. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3606 SE Sunrise Drive

City Camas State WA Zip Code 98607

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286040**

Amount of Each Receipt this Period 100.00

**B. CHELSA A. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 300 Hardman Avenue South

City South St. Paul State MN Zip Code 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.58

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284487**

Amount of Each Receipt this Period 44.76

**C. CHRISTI NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7424 Iden Avenue So.

City Cottage Grove State MN Zip Code 55016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation ORGANIZER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284488**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.76

**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 891 OF 1358
	<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. CYNTHIA NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2648 Garfield Street, N.E.

City Minneapolis	State MN	Zip Code 55418
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS REPRESENTATIVE
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **853.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284489**

Amount of Each Receipt this Period  

71.14
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**B. DWIGHT NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1690 Gilmore Valley Road

City Winona	State MN	Zip Code 55987-7609
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **202.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286680**

Amount of Each Receipt this Period  

18.00
-------

**C. DWIGHT NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1690 Gilmore Valley Road

City Winona	State MN	Zip Code 55987-7609
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286736**

Amount of Each Receipt this Period  

18.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>107.14</b>
<b>TOTAL</b> This Period (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 892 OF 1358
	<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. MATTHEW NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 909 Carmen Lane

City Mendota Heights State MN Zip Code 55118

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation BUSINESS REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284490**

Amount of Each Receipt this Period  
 32.00

**B. MICHAEL NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2191 110th Lane NW

City Coon Rapids State MN Zip Code 55433-4173

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286681**

Amount of Each Receipt this Period  
 30.00

**C. MICHAEL NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2191 110th Lane NW

City Coon Rapids State MN Zip Code 55433-4173

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286737**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.00

**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 893 OF 1358
	<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. RICHARD NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 315 South Park

City Springfield State MN Zip Code 56087

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **634.72**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284530**

Amount of Each Receipt this Period  
**67.36**

**B. VICKI L. NELSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4220 Vernon Ave. S

City St. Louis Park State MN Zip Code 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.286794**

Amount of Each Receipt this Period  
**8.00**

**C. RENEE NESTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 Fetzter Court Unit 1

City Bloomington State IL Zip Code 61704

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.69**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284883**

Amount of Each Receipt this Period  
**55.86**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **131.22**

**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 894 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RENEE NESTLER</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284702</b>
Mailing Address 27 Fetzner Court Unit 1		Amount of Each Receipt this Period 55.86
City Bloomington	State IL	Zip Code 61704
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 514.55	

Full Name (Last, First, Middle Initial) <b>B. DUANE F. NEUMANN</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283893</b>
Mailing Address 127 South Street		Amount of Each Receipt this Period 8.00
City Wellington	State OH	Zip Code 44090
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION SERGEANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>C. JESSE NEWCOMER IV</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.282692</b>
Mailing Address 2109 Circle Road		Amount of Each Receipt this Period 137.61
City Carlisle	State PA	Zip Code 17013
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.87	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.47
<b>TOTAL</b> This Period (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 895 OF 1358
	<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. BRENDA NEWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1021 Ralph Street

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284254**

Amount of Each Receipt this Period  
10.50

**B. BRENDA NEWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1021 Ralph Street

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284302**

Amount of Each Receipt this Period  
10.50

**C. MICHAEL NEWMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4031 N. Hermitage Avenue

City Chicago	State IL	Zip Code 60613
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation ASSOCIATE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1042.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284884**

Amount of Each Receipt this Period  
94.80

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.80
<b>TOTAL</b> This Period (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 896 OF 1358
	<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. MICHAEL NEWMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 N. Hermitage Avenue

City Chicago State IL Zip Code 60613

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1137.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284703**

Amount of Each Receipt this Period  
**94.80**

**B. KATIE NEWSHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Bonnie Brae #3E

City River Forest State IL Zip Code 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation HEARINGS REFEREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2012**

**Transaction ID : SA11AI.285419**

Amount of Each Receipt this Period  
**20.00**

**C. KATIE NEWSHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Bonnie Brae #3E

City River Forest State IL Zip Code 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation HEARINGS REFEREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.285540**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>124.80</b>
<b>TOTAL</b> This Period (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 897 OF 1358
	<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. CATHY L. NEWTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 E. Mulberry Street

City Bryan State OH Zip Code 43506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.283164**

Amount of Each Receipt this Period **30.00**

**B. CATHY L. NEWTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 E. Mulberry Street

City Bryan State OH Zip Code 43506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.283532**

Amount of Each Receipt this Period **30.00**

**C. CATHY L. NEWTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 221 E. Mulberry Street

City Bryan State OH Zip Code 43506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ODJFS CUSTOMER SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283895**

Amount of Each Receipt this Period **30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 898 OF 1358
	<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. MARY L. NICHOL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Meridian Street N.  
Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285765**

Amount of Each Receipt this Period  
20.00

**B. MARY L. NICHOL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1117 Meridian Street N.  
Apt. E3

City Puyallup State WA Zip Code 98371

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286041**

Amount of Each Receipt this Period  
20.00

**C. SHERYL L. NICHOLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2410 East Fifth Street

City Dayton State OH Zip Code 45403

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 458.04

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.284356**

Amount of Each Receipt this Period  
46.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 86.33

**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 899 OF 1358
<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. KEVIN NICHOLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285766**

Amount of Each Receipt this Period  
10.00

**B. KEVIN NICHOLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286042**

Amount of Each Receipt this Period  
10.00

**C. LEROY J. NIDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 F Place

City Kalona	State IA	Zip Code 52247
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.56

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286578**

Amount of Each Receipt this Period  
73.44

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	93.44
<b>TOTAL</b> This Period (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 900 OF 1358
	<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. LEROY J. NIDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 F Place

City Kalona State IA Zip Code 52247

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286448**

Amount of Each Receipt this Period  
**18.36**

**B. CHARYN L. NIEMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 Devonshire Road

City Montesano State WA Zip Code 98563

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285767**

Amount of Each Receipt this Period  
**10.00**

**C. CHARYN L. NIEMEYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 76 Devonshire Road

City Montesano State WA Zip Code 98563

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286043**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **38.36**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 901 OF 1358
	<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. JAMES B. NILAND**  
Full Name (Last, First, Middle Initial)

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	LEGISLATIVE/POLITICAL ACTION DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1920.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284491**

Amount of Each Receipt this Period  
 160.00

**B. JOSEPH NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3215 Eastland Circle SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	CLERICAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285768**

Amount of Each Receipt this Period  
 21.00

**C. JOSEPH NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3215 Eastland Circle SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	CLERICAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286044**

Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	202.00
<b>TOTAL</b> This Period (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 902 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. LORI NILSSON</b>			Date of Receipt
Mailing Address 415 W Ostrander Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286253</b>
Syracuse	NY	13205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.48"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS INST.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.26"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LORI NILSSON</b>			Date of Receipt
Mailing Address 415 W Ostrander Avenue			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286265</b>
Syracuse	NY	13205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS INST.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.88"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LORI NILSSON</b>			Date of Receipt
Mailing Address 415 W Ostrander Avenue			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286277</b>
Syracuse	NY	13205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS INST.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.50"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.72"/>
<b>TOTAL</b> 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 903 OF 1358
	<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. LORI NILSSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 W Ostrander Avenue

City Syracuse State NY Zip Code 13205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS INST. Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.286289**

Amount of Each Receipt this Period 9.62

**B. GARRY Y NITTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 Nalani Street

City Makawao State HI Zip Code 96768

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285061**

Amount of Each Receipt this Period 25.00

**C. JEREMY NOELLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1421 N 14th Street

City Herrin State IL Zip Code 62948

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 493.83

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284885**

Amount of Each Receipt this Period 60.39

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.01

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 904 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEREMY NOELLE</b>			Date of Receipt
Mailing Address 1421 N 14th Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284704</b>
Herrin	IL	62948	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.80"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="554.63"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ANDREW W. NOLEN</b>			Date of Receipt
Mailing Address 407 S. Boston Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283165</b>
Galion	OH	44833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ANDREW W. NOLEN</b>			Date of Receipt
Mailing Address 407 S. Boston Street			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283533</b>
Galion	OH	44833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.80"/>
<b>TOTAL</b> 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 905 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. ANDREW W. NOLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 S. Boston Street  
 City Galion State OH Zip Code 44833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283896**  
 Amount of Each Receipt this Period  
 10.00

**B. KEVIN NORBIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 John Avenue  
 City Superior State WI Zip Code 54880-4924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286682**  
 Amount of Each Receipt this Period  
 20.00

**C. KEVIN NORBIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2205 John Avenue  
 City Superior State WI Zip Code 54880-4924  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286738**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 906 OF 1358
	<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. MARCIA NORTHERN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1757 N. Rutherford

City Chicago	State IL	Zip Code 60707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
299.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285420**

Amount of Each Receipt this Period  
26.00

**B. MARCIA NORTHERN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1757 N. Rutherford

City Chicago	State IL	Zip Code 60707
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation PUBLIC SERVICE ADMIN
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285541**

Amount of Each Receipt this Period  
13.00

**C. KAREN NORWOOD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8810 - 1/2 Belford Avenue

City Bradley Int'l	State CA	Zip Code 90045
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/LOCAL 3302	Occupation TECH INSTRUCTOR
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
686.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286947**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	89.00
<b>TOTAL</b> This Period (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 907 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. KAREN NORWOOD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8810 - 1/2 Belford Avenue

City State Zip Code  
Bradley Int'l CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME CA CN 36/LOCAL 3302 TECH INSTRUCTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **736.00**

Date of Receipt  
**11 / 28 / 2012**

**Transaction ID : SA11AI.286956**

Amount of Each Receipt this Period  
**50.00**

**B. SUZANNE NOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  
**12 / 10 / 2012**

**Transaction ID : SA11AI.285769**

Amount of Each Receipt this Period  
**10.50**

**C. SUZANNE NOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
**12 / 24 / 2012**

**Transaction ID : SA11AI.286045**

Amount of Each Receipt this Period  
**10.50**

**SUBTOTAL** of Receipts This Page (optional)..... **71.00**

**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 908 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY P. NOVOTNY</b>		Date of Receipt
Mailing Address 1105 Harding Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tama	IA	52339
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286641</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer	Occupation	
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY P. NOVOTNY</b>		Date of Receipt
Mailing Address 1105 Harding Street		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tama	IA	52339
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286626</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer	Occupation	
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.08"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PAMELA R. NOYER</b>		Date of Receipt
Mailing Address 2575 Hazelwood Way		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
East Palo Alto	CA	94303
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287712</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME CA CN 57/SAN MATEO CNTY	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.68"/>
<b>TOTAL</b> 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 909 OF 1358
	(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"/> 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. PAMELA R. NOYER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2575 Hazelwood Way

City East Palo Alto State CA Zip Code 94303

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57/SAN MATEO CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.287710**

Amount of Each Receipt this Period  
 200.00

**B. KEITH A. NUEHRING**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286579**

Amount of Each Receipt this Period  
 39.28

**C. KEITH A. NUEHRING**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286449**

Amount of Each Receipt this Period  
 9.82

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.10

**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 910 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TAMI L. NULL</b>			Date of Receipt																					
Mailing Address 3359 Robin Hill Court W.			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>11</td><td></td><td></td><td>30</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	11			30			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
11			30			2012																		
City State Zip Code Columbus OH 43223			<b>Transaction ID : SA11AI.283167</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>240.00</td> </tr> </table>																						240.00
									240.00															

Full Name (Last, First, Middle Initial) <b>B. TAMI L. NULL</b>			Date of Receipt																					
Mailing Address 3359 Robin Hill Court W.			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td><td>14</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			14			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			14			2012																		
City State Zip Code Columbus OH 43223			<b>Transaction ID : SA11AI.283535</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td> </tr> </table>																						250.00
									250.00															

Full Name (Last, First, Middle Initial) <b>C. TAMI L. NULL</b>			Date of Receipt																					
Mailing Address 3359 Robin Hill Court W.			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>12</td><td></td><td></td><td>28</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			28			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			28			2012																		
City State Zip Code Columbus OH 43223			<b>Transaction ID : SA11AI.283898</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH JUVENILE CORRECTION OFFICER			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>260.00</td> </tr> </table>																						260.00
									260.00															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>30.00</td> </tr> </table>																				30.00
									30.00												
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

**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 911 OF 1358
	<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. RICHARD B. NURMI**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 East Main Street

City New Britain State CT Zip Code 06051-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287347**

Amount of Each Receipt this Period  
 8.00

**B. VICTORIA M. NUZZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 N. Alabama Street

City Indianapolis State IN Zip Code 46202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL FIELD ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 632.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281668**

Amount of Each Receipt this Period  
 29.12

**C. VICTORIA M. NUZZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 N. Alabama Street

City Indianapolis State IN Zip Code 46202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL FIELD ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 661.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281861**

Amount of Each Receipt this Period  
 29.12

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.24

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 912 OF 1358
	<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. VICTORIA M. NUZZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1005 N. Alabama Street

City Indianapolis State IN Zip Code 46202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL FIELD ADMINISTRATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.30**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282053**

Amount of Each Receipt this Period **29.12**

**B. SHIRLEY A. NWACHUKWU**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Sunset Hill Road

City Brookfield State CT Zip Code 06804-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.287359**

Amount of Each Receipt this Period **16.00**

**C. SHIRLEY A. NWACHUKWU**  
Full Name (Last, First, Middle Initial)

Mailing Address 19 Sunset Hill Road

City Brookfield State CT Zip Code 06804-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **12 / 07 / 2012**

**Transaction ID : SA11AI.287360**

Amount of Each Receipt this Period **9.00**

**SUBTOTAL** of Receipts This Page (optional)..... **54.12**

**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: (check only one)	PAGE 913 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. SHIRLEY A. NWACHUKWU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Sunset Hill Road  
 City Brookfield State CT Zip Code 06804-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/SOCT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287361**  
 Amount of Each Receipt this Period  
 9.00

**B. LOURENE M. O'BRIEN-HOOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 Scrivner Road  
 City Port Angeles State WA Zip Code 98362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285770**  
 Amount of Each Receipt this Period  
 10.00

**C. LOURENE M. O'BRIEN-HOOPER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 Scrivner Road  
 City Port Angeles State WA Zip Code 98362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286046**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.00
<b>TOTAL</b> This Period (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 914 OF 1358  
(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. JAMES P. O'HARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.41

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286580**  
 Amount of Each Receipt this Period 41.64

**B. JAMES P. O'HARE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.82

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286450**  
 Amount of Each Receipt this Period 10.41

**C. JEREMY D. O'LEARY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 30253  
 City Portland State OR Zip Code 97294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation DATABASE ADMINISTRATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285308**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.05  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 915 OF 1358
	<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. BONNIE M. OBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 530 Melrose Ave, East  
Apt #203

City Seattle State WA Zip Code 98102

FEC ID number of contributing federal political committee. **C**

Name of Employer WSECU WA CN 28 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.286167**

Amount of Each Receipt this Period  
20.00

**B. CHERYL L. OGBOZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 Pierce Street NE

City Minneapolis State MN Zip Code 55413

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/UNIV OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.286683**

Amount of Each Receipt this Period  
30.00

**C. CHERYL L. OGBOZO**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 Pierce Street NE

City Minneapolis State MN Zip Code 55413

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/UNIV OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.286739**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 916 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KAREN OGDEN</b>		Date of Receipt
Mailing Address 501 N 12th		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Herrin	IL	62948
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285421</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.84"/>
Name of Employer	Occupation	
AFSCME IL CN 31/STATE OF IL	CASEWORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="239.66"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KAREN OGDEN</b>		Date of Receipt
Mailing Address 501 N 12th		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Herrin	IL	62948
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285542</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.42"/>
Name of Employer	Occupation	
AFSCME IL CN 31/STATE OF IL	CASEWORKER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.08"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ANTHONY A OGUNDIRAN</b>		Date of Receipt
Mailing Address P.O. Box 11862		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Minneapolis	MN	55411
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281669</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.62"/>
Name of Employer	Occupation	
AFSCME INT'L	ORGANIZER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="555.48"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="56.88"/>
<b>TOTAL</b> 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 917 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ANTHONY A OGUNDIRAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281862</b>
Mailing Address P.O. Box 11862		Amount of Each Receipt this Period 25.62
City Minneapolis	State MN	Zip Code 55411
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 581.10	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY A OGUNDIRAN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282054</b>
Mailing Address P.O. Box 11862		Amount of Each Receipt this Period 25.62
City Minneapolis	State MN	Zip Code 55411
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.72	

Full Name (Last, First, Middle Initial) <b>C. TRAVIS OHM</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.282693</b>
Mailing Address 8 Highland Road		Amount of Each Receipt this Period 98.18
City Seven Valleys	State PA	Zip Code 17360
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1171.44	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.42
<b>TOTAL</b> This Period (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 918 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ERIN S. OKANTEY</b>			Date of Receipt
Mailing Address 722 Pepper Court			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281670</b>
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.41"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="877.34"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ERIN S. OKANTEY</b>			Date of Receipt
Mailing Address 722 Pepper Court			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281863</b>
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.41"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="917.75"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ERIN S. OKANTEY</b>			Date of Receipt
Mailing Address 722 Pepper Court			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282055</b>
Westerville	OH	43082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.41"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="958.16"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="121.23"/>
<b>TOTAL</b> 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 919 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RUSSELL K. OKATA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1015 Wilder Avenue  
 City Honolulu State HI Zip Code 96822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation RETIREE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.285063**  
 Amount of Each Receipt this Period **100.00**

**B. LATASHA A. OLIVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 Oakwood Avenue  
 City Columbus State OH Zip Code 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **354.91**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.284357**  
 Amount of Each Receipt this Period **32.62**

**C. WILLIAM OLSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1599 110th Avenue  
 City Hadley State MN Zip Code 56151  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer State of Minnesota Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **201.60**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.287351**  
 Amount of Each Receipt this Period **8.40**

**SUBTOTAL** of Receipts This Page (optional)..... **141.02**  
**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 920 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM OLSEN</b>			Date of Receipt
Mailing Address 1599 110th Avenue			<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287350</b>
Hadley	MN	56151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.40"/>
Name of Employer	Occupation		
State of Minnesota	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM OLSEN</b>			Date of Receipt
Mailing Address 1599 110th Avenue			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287349</b>
Hadley	MN	56151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="8.40"/>
Name of Employer	Occupation		
State of Minnesota	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. HOLLY OLSON</b>			Date of Receipt
Mailing Address 15443 Martins Hundred Drive			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281671</b>
Centerville	VA	20120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="62.60"/>
Name of Employer	Occupation		
AFSCME INT'L	DIRECTOR, GENERAL SERVICES		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1377.20"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.40"/>
<b>TOTAL</b> 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 921 OF 1358
<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. HOLLY OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15443 Martins Hundred Drive

City Centerville	State VA	Zip Code 20120
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, GENERAL SERVICES
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1439.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281864**

Amount of Each Receipt this Period  
62.60

**B. HOLLY OLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 15443 Martins Hundred Drive

City Centerville	State VA	Zip Code 20120
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation DIRECTOR, GENERAL SERVICES
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1502.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282056**

Amount of Each Receipt this Period  
62.60

**C. VASTINA OMOSEBI**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore	State MD	Zip Code 21230
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982	Occupation STAFF REPRESENTATIVE
--------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.08

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.284451**

Amount of Each Receipt this Period  
30.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.04
<b>TOTAL</b> This Period (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 922 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RICHARD ONISHI</b>		Date of Receipt 12 / 05 / 2012 <b>Transaction ID : SA11AI.285064</b>
Mailing Address 888 Mililani Street Suite 601		Amount of Each Receipt this Period 20.00
City Honolulu	State HI	
Zip Code 96813-2991		Aggregate Year-to-Date ▼ 240.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. MARY C. OPENLANDER</b>		Date of Receipt 12 / 06 / 2012 <b>Transaction ID : SA11AI.284255</b>
Mailing Address 466 Prospect		Amount of Each Receipt this Period 21.00
City Muir	State MI	
Zip Code 48860		Aggregate Year-to-Date ▼ 483.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. MARY C. OPENLANDER</b>		Date of Receipt 12 / 19 / 2012 <b>Transaction ID : SA11AI.284303</b>
Mailing Address 466 Prospect		Amount of Each Receipt this Period 21.00
City Muir	State MI	
Zip Code 48860		Aggregate Year-to-Date ▼ 504.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.00
<b>TOTAL</b> This Period (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 923 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM D. ORNER</b>		Date of Receipt
Mailing Address 1991 Market Street Ext.		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Middleton	State PA	Zip Code 17057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282775</b>
Name of Employer AFSCME PA CN 13/STATE OF PA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM D. ORNER</b>		Date of Receipt
Mailing Address 1991 Market Street Ext.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Middleton	State PA	Zip Code 17057
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282854</b>
Name of Employer AFSCME PA CN 13/STATE OF PA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. SUSAN ORRIS</b>		Date of Receipt
Mailing Address 536 Second Street		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City Steelton	State PA	Zip Code 17113
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282694</b>
Name of Employer AFSCME PA CN 13		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="60.83"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="617.23"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.83"/>
<b>TOTAL</b> 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 924 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KARMEN ORTLOFF</b>			Date of Receipt
Mailing Address 3042 N. Christiana			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284886</b>
Chicago	IL	60618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="67.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="745.14"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KARMEN ORTLOFF</b>			Date of Receipt
Mailing Address 3042 N. Christiana			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284705</b>
Chicago	IL	60618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="67.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="812.88"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LISA A. ORTNER</b>			Date of Receipt
Mailing Address 504 1st Street			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286582</b>
Washburn	IA	50706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="175.48"/>
<b>TOTAL</b> 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 925 OF 1358
	<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. LISA A. ORTNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 504 1st Street

City Washburn State IA Zip Code 50706

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286452**

Amount of Each Receipt this Period  
 10.00

**B. ROBIN C. ORTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3275 E Hook Waltz Road

City Elida State OH Zip Code 45807

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/BATH LSD Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282525**

Amount of Each Receipt this Period  
 19.24

**C. MARY E. OSBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1823 25th Avenue N.

City Minneapolis State MN Zip Code 55411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286684**

Amount of Each Receipt this Period  
 22.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.54

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 926 OF 1358
	<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. MARY E. OSBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1823 25th Avenue N.

City Minneapolis	State MN	Zip Code 55411
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.05

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286740**

Amount of Each Receipt this Period  
22.30

**B. PETER S. OSHIRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 95-1076 Pikokea Street

City Mililani Town	State HI	Zip Code 96789
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
---------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285065**

Amount of Each Receipt this Period  
42.00

**C. SUSAN M. OSTHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5200 Deerwood Lake Drive

City Springfield	State IL	Zip Code 62703
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL
-------------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
527.64

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284887**

Amount of Each Receipt this Period  
8.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.70
<b>TOTAL</b> This Period (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 927 OF 1358
	<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. SUSAN M. OSTHUS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5200 Deerwood Lake Drive

City Springfield State IL Zip Code 62703

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation LEGAL COUNSEL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **536.04**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 28 / 2012**

**Transaction ID : SA11AI.284706**

Amount of Each Receipt this Period  
**8.40**

**B. CURT A. OSTRANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Academy Road

City New Ipswich State NH Zip Code 03071-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REP.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.82**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281672**

Amount of Each Receipt this Period  
**47.31**

**C. CURT A. OSTRANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Academy Road

City New Ipswich State NH Zip Code 03071-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REP.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1088.13**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281865**

Amount of Each Receipt this Period  
**47.31**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **103.02**

**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 928 OF 1358
	<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. CURT A. OSTRANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 65 Academy Road

City New Ipswich State NH Zip Code 03071-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation INT'L UNION BARGAINING REP.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1135.44**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282057**

Amount of Each Receipt this Period  
**47.31**

**B. DAVID G. OTT Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3436 Swede Hill Road

City Clinton State WA Zip Code 98236

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 2/SNOHOMISH CNTY Occupation PLANNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 27 / 2012**

**Transaction ID : SA11AI.286902**

Amount of Each Receipt this Period  
**20.00**

**C. DAVID G. OTT Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3436 Swede Hill Road

City Clinton State WA Zip Code 98236

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 2/SNOHOMISH CNTY Occupation PLANNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.286903**

Amount of Each Receipt this Period  
**10.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>77.31</b>
<b>TOTAL</b> This Period (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 929 OF 1358
	<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. DAVID G. OTT Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3436 Swede Hill Road

City Clinton State WA Zip Code 98236

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 2/SNOHOMISH CNTY Occupation PLANNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 26 / 2012  
**Transaction ID : SA11AI.286904**

Amount of Each Receipt this Period  
10.00

**B. GERALD OTTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Evergreen Way

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation BENEFITS MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 935.44

Date of Receipt  
11 / 29 / 2012  
**Transaction ID : SA11AI.281673**

Amount of Each Receipt this Period  
42.52

**C. GERALD OTTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Evergreen Way

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation BENEFITS MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 977.96

Date of Receipt  
12 / 11 / 2012  
**Transaction ID : SA11AI.281866**

Amount of Each Receipt this Period  
42.52

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.04

**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: (check only one)	PAGE 930 OF 1358
	<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. GERALD OTTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2905 Evergreen Way

City Ellicott City State MD Zip Code 21042

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation BENEFITS MANAGER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.48**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282058**

Amount of Each Receipt this Period **42.52**

**B. BARBARA OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1386 E Hillcrest Drive Apt. 722

City Thousand Oaks State CA Zip Code 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.287312**

Amount of Each Receipt this Period **10.00**

**C. BARBARA OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1386 E Hillcrest Drive Apt. 722

City Thousand Oaks State CA Zip Code 91362

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.287187**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **72.52**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 931 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. BARBARA OWENS</b>		Date of Receipt
Mailing Address 1386 E Hillcrest Drive Apt. 722		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Thousand Oaks CA 91362		<b>Transaction ID : SA11AI.287275</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAMS G. OWENS JR.</b>		Date of Receipt
Mailing Address 823 Ridgeview Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Bellefontaine OH 43311		<b>Transaction ID : SA11AI.283539</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAMS G. OWENS JR.</b>		Date of Receipt
Mailing Address 823 Ridgeview Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Bellefontaine OH 43311		<b>Transaction ID : SA11AI.283902</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="212.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 932 OF 1358
	<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. ALLISON L. PADGETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 10115 Jeffreys Street  
# 2009

City Las Vegas State NV Zip Code 89183

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **611.52**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281674**

Amount of Each Receipt this Period **28.41**

**B. ALLISON L. PADGETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 10115 Jeffreys Street  
# 2009

City Las Vegas State NV Zip Code 89183

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **639.93**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281867**

Amount of Each Receipt this Period **28.41**

**C. ALLISON L. PADGETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 10115 Jeffreys Street  
# 2009

City Las Vegas State NV Zip Code 89183

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation COMMUNICATIONS SPECIALIST I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **668.34**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282059**

Amount of Each Receipt this Period **28.41**

**SUBTOTAL** of Receipts This Page (optional)..... **85.23**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 933 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MOISES PADILLA</b>		Date of Receipt
Mailing Address 25-1 Lisa Court		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waterbury	CT	06704-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287363</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MOISES PADILLA</b>		Date of Receipt
Mailing Address 25-1 Lisa Court		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waterbury	CT	06704-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287364</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MOISES PADILLA</b>		Date of Receipt
Mailing Address 25-1 Lisa Court		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waterbury	CT	06704-0000
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287365</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 934 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM M. PADISAK Jr.</b>			Date of Receipt
Mailing Address 4886 Pine Trace Drive			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282175</b>
Austintown	OH	44515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.48"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="557.76"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WILLIAM M. PADISAK Jr.</b>			Date of Receipt
Mailing Address 4886 Pine Trace Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282231</b>
Austintown	OH	44515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="23.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="581.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WILLIAM M. PADISAK Jr.</b>			Date of Receipt
Mailing Address 4886 Pine Trace Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282286</b>
Austintown	OH	44515	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="23.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	FIELD REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="604.24"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="92.96"/>
<b>TOTAL</b> 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 935 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. ANDRE T. PAIGE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.287444</b>
Mailing Address 126 MONTOWESE STREET		Amount of Each Receipt this Period 8.00
City HARTFORD	State CT	Zip Code 06114
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00	

Full Name (Last, First, Middle Initial) <b>B. CHERYL A. PALMER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.286338</b>
Mailing Address P.O. Box 216		Amount of Each Receipt this Period 38.48
City West Winfield	State NY	Zip Code 13491
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.64	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM R. PALMQUIST</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284101</b>
Mailing Address 733 37th Avenue		Amount of Each Receipt this Period 55.08
City Seattle	State WA	Zip Code 98122
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28	Occupation STRATEGIC COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 798.61	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	101.56
<b>TOTAL</b> This Period (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 936 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM R. PALMQUIST</b>			Date of Receipt
Mailing Address 733 37th Avenue			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284150</b>
Seattle	WA	98122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="55.08"/>
Name of Employer	Occupation		
AFSCME WA CN 28	STRATEGIC COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="853.69"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RACHEL S. PANCIERA</b>			Date of Receipt
Mailing Address 5210 Biddison Avenue			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281675</b>
Baltimore	MD	21206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.81"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1158.93"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RACHEL S. PANCIERA</b>			Date of Receipt
Mailing Address 5210 Biddison Avenue			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281868</b>
Baltimore	MD	21206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.81"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1217.74"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="172.70"/>
<b>TOTAL</b> 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 937 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RACHEL S. PANCIERA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5210 Biddison Avenue  
 City Baltimore State MD Zip Code 21206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1276.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282060**  
 Amount of Each Receipt this Period  
 58.81

**B. DANIEL T. PANOWITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3427 W St. Paul Avenue  
 City Milwaukee State WI Zip Code 53208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 48/MILWAUKEE CITY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286868**  
 Amount of Each Receipt this Period  
 20.00

**C. DANIEL T. PANOWITZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3427 W St. Paul Avenue  
 City Milwaukee State WI Zip Code 53208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 48/MILWAUKEE CITY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.286869**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.81
<b>TOTAL</b> This Period (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 938 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MEGAN PARKE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284102</b>
Mailing Address 3133 Moore Street SE			Amount of Each Receipt this Period 20.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B. MEGAN PARKE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284151</b>
Mailing Address 3133 Moore Street SE			Amount of Each Receipt this Period 20.00
City Olympia	State WA	Zip Code 98501	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. PAMELA PARKER</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282526</b>
Mailing Address 4814 298th Street			Amount of Each Receipt this Period 19.24
City Toledo	State OH	Zip Code 43611	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 4/WASHINGTON LS	Occupation SECRETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.60		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	59.24
<b>TOTAL</b> This Period (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 939 OF 1358
	<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. PAMELA PARKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4814 298th Street

City Toledo State OH Zip Code 43611

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282527**

Amount of Each Receipt this Period 38.48

**B. DEBBIE PARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Burton Avenue

City Trenton State NJ Zip Code 08618

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 73 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.287545**

Amount of Each Receipt this Period 15.00

**C. TAMMY PARMLY**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 Old Route 146 Loop

City Vienna State IL Zip Code 62995

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MENTAL HEALTH TECH I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 586.00

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285422**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 103.48

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 940 OF 1358
	<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. TAMMY PARMLY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 420 Old Route 146 Loop  
City Vienna State IL Zip Code 62995  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MENTAL HEALTH TECH I  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **611.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.285543**  
Amount of Each Receipt this Period **25.00**

**B. JAMES PARRETT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 517 Edgewood Drive  
City Burlington State WI Zip Code 53105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME WI CN 24 Occupation FIELD REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **455.26**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.284926**  
Amount of Each Receipt this Period **53.56**

**C. MARY J. PASS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3333 W. Broad Street Apt. 16  
City Columbus State OH Zip Code 43204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **245.00**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.284049**  
Amount of Each Receipt this Period **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **93.56**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 941 OF 1358
	<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. MARY J. PASS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3333 W. Broad Street  
Apt. 16

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.283174**

Amount of Each Receipt this Period  
15.00

**B. MARY J. PASS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3333 W. Broad Street  
Apt. 16

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283542**

Amount of Each Receipt this Period  
15.00

**C. MARY J. PASS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3333 W. Broad Street  
Apt. 16

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283905**

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 942 OF 1358
	<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. SEAN A. PASSICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1515 32nd Street

City Des Moines	State IA	Zip Code 50311
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286642**

Amount of Each Receipt this Period  
18.36

**B. SEAN A. PASSICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1515 32nd Street

City Des Moines	State IA	Zip Code 50311
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.286627**

Amount of Each Receipt this Period  
18.36

**C. DANIEL PASSMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 434 Anderson Street

City Curwensville	State PA	Zip Code 16833
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282776**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.72
<b>TOTAL</b> This Period (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 943 OF 1358
	<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. DANIEL PASSMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 434 Anderson Street

City	State	Zip Code
Curwensville	PA	16833

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282855**

Amount of Each Receipt this Period  

40.00
-------

**B. GINA S. PATRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 E 72nd Street

City	State	Zip Code
Tacoma	WA	98404

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285771**

Amount of Each Receipt this Period  

10.00
-------

**C. GINA S. PATRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 101 E 72nd Street

City	State	Zip Code
Tacoma	WA	98404

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286047**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 944 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. PERRY J. PATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 83

City State Zip Code  
Buckley WA 98321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012  
**Transaction ID : SA11AI.285772**

Amount of Each Receipt this Period  
10.00

**B. PERRY J. PATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 83

City State Zip Code  
Buckley WA 98321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.286048**

Amount of Each Receipt this Period  
10.00

**C. JAMES B. PATTERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 630 Fountain Street

City State Zip Code  
Marion OH 43302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.283175**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 945 OF 1358
	<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. JAMES B. PATTERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 630 Fountain Street

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283543**

Amount of Each Receipt this Period  
10.00

**B. JAMES B. PATTERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 630 Fountain Street

City Marion	State OH	Zip Code 43302
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283906**

Amount of Each Receipt this Period  
10.00

**C. SHERRY A. PATTERSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 404 W. Walnut Street

City Mt Vernon	State OH	Zip Code 43050
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/MT VERNON	Occupation SECRETARY
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
392.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282531**

Amount of Each Receipt this Period  
29.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....	49.42
<b>TOTAL</b> This Period (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 946 OF 1358
	<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. SHERRY A. PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 404 W. Walnut Street  
 City State Zip Code  
 Mt Vernon OH 43050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 4/MT VERNON SECRETARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 451.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282532**  
 Amount of Each Receipt this Period  
 58.84

**B. DEBORAH JO PATTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N Wacker  
 City State Zip Code  
 Chicago IL 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 806.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284888**  
 Amount of Each Receipt this Period  
 73.34

**C. DEBORAH JO PATTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N Wacker  
 City State Zip Code  
 Chicago IL 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 880.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284707**  
 Amount of Each Receipt this Period  
 73.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	205.52
<b>TOTAL</b> This Period (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 947 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TYRONE R. PAULEY</b>			Date of Receipt
Mailing Address 1002 125th Street Court E.			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285773</b>
Tacoma	WA	98445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TYRONE R. PAULEY</b>			Date of Receipt
Mailing Address 1002 125th Street Court E.			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286049</b>
Tacoma	WA	98445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEFFREY D. PAULSEN</b>			Date of Receipt
Mailing Address 3006 30th Avenue SE			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285774</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="276.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="33.00"/>
<b>TOTAL</b> 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 948 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JEFFREY D. PAULSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3006 30th Avenue SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286050**  
 Amount of Each Receipt this Period  
 12.00

**B. WILLIAM PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10612 W 59th Avenue  
 City Spokane State WA Zip Code 99224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286139**  
 Amount of Each Receipt this Period  
 10.50

**C. WILLIAM PAYNE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10612 W 59th Avenue  
 City Spokane State WA Zip Code 99224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286140**  
 Amount of Each Receipt this Period  
 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 33.00  
**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 949 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. IVY C. PAYTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.284050</b>
Mailing Address 2331 Carriage Drive			Amount of Each Receipt this Period 15.00
City Toledo	State OH	Zip Code 43615	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.00		

Full Name (Last, First, Middle Initial) <b>B. IVY C. PAYTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283176</b>
Mailing Address 2331 Carriage Drive			Amount of Each Receipt this Period 17.00
City Toledo	State OH	Zip Code 43615	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00		

Full Name (Last, First, Middle Initial) <b>C. IVY C. PAYTON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283544</b>
Mailing Address 2331 Carriage Drive			Amount of Each Receipt this Period 17.00
City Toledo	State OH	Zip Code 43615	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	49.00
<b>TOTAL</b> This Period (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 950 OF 1358
	<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. IVY C. PAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2331 Carriage Drive

City Toledo State OH Zip Code 43615

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.283907**

Amount of Each Receipt this Period **17.00**

**B. JAMES S. PAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Eastview Drive NW

City Cedar Rapids State IA Zip Code 52405

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286584**

Amount of Each Receipt this Period **40.00**

**C. JAMES S. PAYTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 Eastview Drive NW

City Cedar Rapids State IA Zip Code 52405

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **12 / 05 / 2012**

**Transaction ID : SA11AI.286454**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **67.00**

**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 951 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. BRUCE E. PEABODY</b>		Date of Receipt
Mailing Address 865 Liberty Court		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hazleton	PA	18201
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282777</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BRUCE E. PEABODY</b>		Date of Receipt
Mailing Address 865 Liberty Court		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hazleton	PA	18201
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282856</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ROSALYN O. PEACH</b>		Date of Receipt
Mailing Address P.O. Box 79		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Robinson	IL	62454
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285424</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="29.40"/>
Name of Employer	Occupation	
AFSCME IL CN 31/STATE OF IL	CORRECTIONAL OFFICER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="323.40"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="69.40"/>
<b>TOTAL</b> 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 952 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ROSALYN O. PEACH</b>			Date of Receipt
Mailing Address P.O. Box 79			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285545</b>
Robinson	IL	62454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="29.40"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	CORRECTIONAL OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="352.80"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BARRY PEARCE</b>			Date of Receipt
Mailing Address 130 N. Wilson Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282695</b>
Bellefonte	PA	16823	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="73.16"/>
Name of Employer	Occupation		
AFSCME PA CN 13	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="877.92"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MELINDA PEARSON</b>			Date of Receipt
Mailing Address 3908 Hoffman Road Apt. 1B			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286685</b>
White Bear Lake	MN	55110-4652	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="304.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="130.56"/>
<b>TOTAL</b> 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 953 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MELINDA PEARSON</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.286741</b>
Mailing Address 3908 Hoffman Road Apt. 1B		Amount of Each Receipt this Period 28.00
City White Bear Lake	State MN	
Zip Code 55110-4652		Aggregate Year-to-Date ▼ 332.00
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) ▼

Full Name (Last, First, Middle Initial) <b>B. MARIA F PEDERSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285775</b>
Mailing Address 6607 Clearbrook Drive SE		Amount of Each Receipt this Period 20.00
City Lacey	State WA	
Zip Code 98503		Aggregate Year-to-Date ▼ 460.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. MARIA F PEDERSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286051</b>
Mailing Address 6607 Clearbrook Drive SE		Amount of Each Receipt this Period 20.00
City Lacey	State WA	
Zip Code 98503		Aggregate Year-to-Date ▼ 480.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	68.00
<b>TOTAL</b> This Period (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 954 OF 1358  
(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. GLORIA A. PEGUES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 Carolwood Avenue  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283177**  
 Amount of Each Receipt this Period  
 12.00

**B. GLORIA A. PEGUES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 Carolwood Avenue  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283545**  
 Amount of Each Receipt this Period  
 12.00

**C. GLORIA A. PEGUES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1223 Carolwood Avenue  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283908**  
 Amount of Each Receipt this Period  
 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36.00  
**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 955 OF 1358
	<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. MICHAEL S. PEGUES**  
Full Name (Last, First, Middle Initial)

Mailing Address 263 Goodwin Street

City East Hartford State CT Zip Code 06108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287367**

Amount of Each Receipt this Period 30.00

**B. MICHAEL S. PEGUES**  
Full Name (Last, First, Middle Initial)

Mailing Address 263 Goodwin Street

City East Hartford State CT Zip Code 06108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 07 / 2012  
**Transaction ID : SA11AI.287368**

Amount of Each Receipt this Period 10.00

**C. MICHAEL S. PEGUES**  
Full Name (Last, First, Middle Initial)

Mailing Address 263 Goodwin Street

City East Hartford State CT Zip Code 06108-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.287369**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 956 OF 1358
	(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"/> 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. JOHN M. PELO**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Boylston Avenue E  
Apt. 104

City Seattle State WA Zip Code 98102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
12 / 10 / 2012  
Transaction ID : SA11AI.285776

Amount of Each Receipt this Period  
10.00

**B. JOHN M. PELO**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Boylston Avenue E  
Apt. 104

City Seattle State WA Zip Code 98102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.286052

Amount of Each Receipt this Period  
10.00

**C. WILLIE L. PELOTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Ross Way

City Sacramento State CA Zip Code 95864

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1377.00

Date of Receipt  
11 / 29 / 2012  
Transaction ID : SA11AI.281676

Amount of Each Receipt this Period  
52.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 957 OF 1358
	<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. WILLIE L. PELOTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Ross Way

City Sacramento	State CA	Zip Code 95864
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1429.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281869**

Amount of Each Receipt this Period  
52.50

**B. WILLIE L. PELOTE**  
Full Name (Last, First, Middle Initial)

Mailing Address 351 Ross Way

City Sacramento	State CA	Zip Code 95864
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, POLITICAL ACTION
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1482.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282061**

Amount of Each Receipt this Period  
52.50

**C. JOANNE M. PELS**  
Full Name (Last, First, Middle Initial)

Mailing Address 6987 County 38 NW

City Walker	State MN	Zip Code 56484
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1118.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284492**

Amount of Each Receipt this Period  
81.74

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	186.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 958 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JEFFERY L. PENNINGTON</b>		Date of Receipt
Mailing Address 579 Edgefield Drive		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11Al.283178</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JEFFERY L. PENNINGTON</b>		Date of Receipt
Mailing Address 579 Edgefield Drive		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11Al.283546</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY L. PENNINGTON</b>		Date of Receipt
Mailing Address 579 Edgefield Drive		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Marion State OH Zip Code 43302		<b>Transaction ID : SA11Al.283909</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="312.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="36.00"/>
<b>TOTAL</b> 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 959 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PAMELA PERILLO</b>		Date of Receipt
Mailing Address 9270 Billingsley Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
White Plains	MD	20695
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281677</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="779.90"/>	

Full Name (Last, First, Middle Initial) <b>B. PAMELA PERILLO</b>		Date of Receipt
Mailing Address 9270 Billingsley Road		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
White Plains	MD	20695
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281870</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="815.35"/>	

Full Name (Last, First, Middle Initial) <b>C. PAMELA PERILLO</b>		Date of Receipt
Mailing Address 9270 Billingsley Road		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
White Plains	MD	20695
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282062</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="850.80"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="106.35"/>
<b>TOTAL</b> 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 960 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RANDOLPH P. PERREIRA</b>			Date of Receipt
Mailing Address 1044 Mokuhano Street			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284180</b>
Honolulu	HI	96825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1318.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RANDOLPH P. PERREIRA</b>			Date of Receipt
Mailing Address 1044 Mokuhano Street			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285067</b>
Honolulu	HI	96825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1418.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RANDOLPH P. PERREIRA</b>			Date of Receipt
Mailing Address 1044 Mokuhano Street			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284210</b>
Honolulu	HI	96825	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.00"/>
Name of Employer	Occupation		
AFSCME HI LOC 152	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1432.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="128.00"/>
<b>TOTAL</b> 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 961 OF 1358
	<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. ROBERT E. PERRINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Pine Drive

City Sherman State IL Zip Code 62684

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285426**

Amount of Each Receipt this Period **38.00**

**B. ROBERT E. PERRINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Pine Drive

City Sherman State IL Zip Code 62684

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **456.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285547**

Amount of Each Receipt this Period **38.00**

**C. ELIZABETH PERROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 958 N. Harrison Street

City Arlington State VA Zip Code 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1410.94**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281678**

Amount of Each Receipt this Period **68.08**

**SUBTOTAL** of Receipts This Page (optional)..... **144.08**

**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 962 OF 1358
	<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. ELIZABETH PERROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 958 N. Harrison Street

City Arlington State VA Zip Code 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1479.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281871**

Amount of Each Receipt this Period  
 68.08

**B. ELIZABETH PERROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 958 N. Harrison Street

City Arlington State VA Zip Code 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1547.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282063**

Amount of Each Receipt this Period  
 68.08

**C. MICHAEL S. PERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Sheridan Road

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR EMP. INV. DEV. & TRAINING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 806.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284889**

Amount of Each Receipt this Period  
 73.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 209.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 963 OF 1358
	<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. MICHAEL S. PERRY**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 Sheridan Road

City Wilmette State IL Zip Code 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation DIRECTOR EMP. INV. DEV. & TRAINING

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **880.08**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.284708**

Amount of Each Receipt this Period **73.34**

**B. DEBORAH PERSINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285777**

Amount of Each Receipt this Period **10.00**

**C. DEBORAH PERSINGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.286053**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **93.34**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 964 OF 1358
	<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. ANNIE P. PERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Scott Valley Drive

City Columbus State OH Zip Code 43223

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283179**

Amount of Each Receipt this Period 10.00

**B. ANNIE P. PERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Scott Valley Drive

City Columbus State OH Zip Code 43223

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283547**

Amount of Each Receipt this Period 10.00

**C. ANNIE P. PERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1909 Scott Valley Drive

City Columbus State OH Zip Code 43223

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283910**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 965 OF 1358  
(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. MICHAEL D. PERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Scott Valley Drive  
 City Columbus State OH Zip Code 43223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284019**  
 Amount of Each Receipt this Period 10.00

**B. BOBBIE L. PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14999 Wheeler Road  
 City Lagrange State OH Zip Code 44050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 404.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283180**  
 Amount of Each Receipt this Period 16.00

**C. BOBBIE L. PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14999 Wheeler Road  
 City Lagrange State OH Zip Code 44050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283548**  
 Amount of Each Receipt this Period 16.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 42.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 966 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. BOBBIE L. PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14999 Wheeler Road  
 City Lagrange State OH Zip Code 44050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation SECRETARY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **436.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.283911**  
 Amount of Each Receipt this Period **16.00**

**B. IVA PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1939 Salem School Road  
 City Pineyville State KY Zip Code 40162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1393.39**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281679**  
 Amount of Each Receipt this Period **57.24**

**C. IVA PETERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1939 Salem School Road  
 City Pineyville State KY Zip Code 40162  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD COORDINATOR  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1450.63**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281872**  
 Amount of Each Receipt this Period **57.24**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>130.48</b>
<b>TOTAL</b> This Period (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 967 OF 1358
<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. IVA PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1939 Salem School Road

City Pineyville	State KY	Zip Code 40162
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1507.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282064**

Amount of Each Receipt this Period  

87.24
-------

**B. MARYANN Z. PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 57037

City Los Angeles	State CA	Zip Code 90057
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
394.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286946**

Amount of Each Receipt this Period  

15.00
-------

**C. MARYANN Z. PETERS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 57037

City Los Angeles	State CA	Zip Code 90057
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
409.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2012

**Transaction ID : SA11AI.286955**

Amount of Each Receipt this Period  

15.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	87.24
<b>TOTAL</b> This Period (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 968 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL A. PETERS</b>			Date of Receipt
Mailing Address 148 Galahad Road			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282778</b>
Greeley	PA	18425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL A. PETERS</b>			Date of Receipt
Mailing Address 148 Galahad Road			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282857</b>
Greeley	PA	18425	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TY PETERSEN</b>			Date of Receipt
Mailing Address 370 Crescent Loop			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284890</b>
Vienna	IL	62995	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="67.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="558.49"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="107.74"/>
<b>TOTAL</b> 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 969 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TY PETERSEN</b>			Date of Receipt
Mailing Address 370 Crescent Loop			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284709</b>
Vienna	IL	62995	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="67.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="626.23"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DARLA R. PETERSON</b>			Date of Receipt
Mailing Address P.O. Box 412			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285778</b>
Belfair	WA	98528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DARLA R. PETERSON</b>			Date of Receipt
Mailing Address P.O. Box 412			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286054</b>
Belfair	WA	98528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="88.74"/>
<b>TOTAL</b> 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 970 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KOLBY PETERSON</b>		Date of Receipt
Mailing Address 9326 Halston Court		M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012
City	State	Zip Code
Fairfax Station	VA	22039
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
AFSCME INT'L	ASSISTANT DIRECTOR, POLLING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1065.02	
		Transaction ID : SA11AI.281680
		Amount of Each Receipt this Period
		48.41

Full Name (Last, First, Middle Initial) <b>B. KOLBY PETERSON</b>		Date of Receipt
Mailing Address 9326 Halston Court		M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012
City	State	Zip Code
Fairfax Station	VA	22039
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
AFSCME INT'L	ASSISTANT DIRECTOR, POLLING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1113.43	
		Transaction ID : SA11AI.281873
		Amount of Each Receipt this Period
		48.41

Full Name (Last, First, Middle Initial) <b>C. KOLBY PETERSON</b>		Date of Receipt
Mailing Address 9326 Halston Court		M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
City	State	Zip Code
Fairfax Station	VA	22039
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
AFSCME INT'L	ASSISTANT DIRECTOR, POLLING	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1161.84	
		Transaction ID : SA11AI.282065
		Amount of Each Receipt this Period
		48.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.23
<b>TOTAL</b> This Period (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 971 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RONNIE D PETERSON</b>		Date of Receipt
Mailing Address 1146 Rue Willette Blvd.		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Ypsilanti State MI Zip Code 48197		<b>Transaction ID : SA11AI.281681</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="141.92"/>
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3154.72"/>	

Full Name (Last, First, Middle Initial) <b>B. RONNIE D PETERSON</b>		Date of Receipt
Mailing Address 1146 Rue Willette Blvd.		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Ypsilanti State MI Zip Code 48197		<b>Transaction ID : SA11AI.281874</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="141.92"/>
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3296.64"/>	

Full Name (Last, First, Middle Initial) <b>C. RONNIE D PETERSON</b>		Date of Receipt
Mailing Address 1146 Rue Willette Blvd.		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Ypsilanti State MI Zip Code 48197		<b>Transaction ID : SA11AI.282066</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="141.92"/>
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3438.56"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="425.76"/>
<b>TOTAL</b> 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 972 OF 1358
	<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. ANASTASIY A. PETROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 NW Glisan Street

City: Portland State: OR Zip Code: 97209

FEC ID number of contributing federal political committee: **C**

Name of Employer: AFSCME OR CN 75/STATE OF OR Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 230.00

Date of Receipt: 11 / 30 / 2012  
**Transaction ID : SA11AI.285208**

Amount of Each Receipt this Period: 20.00

**B. ANASTASIY A. PETROVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 NW Glisan Street

City: Portland State: OR Zip Code: 97209

FEC ID number of contributing federal political committee: **C**

Name of Employer: AFSCME OR CN 75/STATE OF OR Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 28 / 2012  
**Transaction ID : SA11AI.285309**

Amount of Each Receipt this Period: 20.00

**C. DANIEL J. PETRUSO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City: Olympia State: WA Zip Code: 98501

FEC ID number of contributing federal political committee: **C**

Name of Employer: AFSCME WA CN 28/STATE OF WA Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼: 277.50

Date of Receipt: 12 / 10 / 2012  
**Transaction ID : SA11AI.285779**

Amount of Each Receipt this Period: 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 973 OF 1358  
(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. DANIEL J. PETRUSO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286055**  
 Amount of Each Receipt this Period  
 12.50

**B. URSULA PETTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285780**  
 Amount of Each Receipt this Period  
 20.00

**C. URSULA PETTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286056**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 974 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHARLENE R PETTIES</b>			Date of Receipt
Mailing Address 554 Eelda Street			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282320</b>
Columbus	OH	43203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="12.50"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CHARLENE R PETTIES</b>			Date of Receipt
Mailing Address 554 Eelda Street			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282351</b>
Columbus	OH	43203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="12.50"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="377.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RICHARD L. PETTIT</b>			Date of Receipt
Mailing Address 1957 Coppermine Road			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281682</b>
Buchanan	GA	30113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="65.44"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA ORGANIZING DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1304.87"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.44"/>
<b>TOTAL</b> 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 975 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. RICHARD L. PETTIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1957 Coppermine Road  
 City Buchanan State GA Zip Code 30113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1370.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281875**  
 Amount of Each Receipt this Period  
 65.18

**B. RICHARD L. PETTIT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1957 Coppermine Road  
 City Buchanan State GA Zip Code 30113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1435.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282067**  
 Amount of Each Receipt this Period  
 65.18

**C. STACY PFLUGMACHER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4679 Timberview Drive  
 City Auburn State IL Zip Code 62615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 779.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284891**  
 Amount of Each Receipt this Period  
 70.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.20
<b>TOTAL</b> This Period (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 976 OF 1358
	<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. STACY PFLUGMACHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4679 Timberview Drive

City Auburn	State IL	Zip Code 62615
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284710**

Amount of Each Receipt this Period  

90.84
-------

**B. GREGORY L. PHELPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1609 Rose Place

City Cincinnati	State OH	Zip Code 45237
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283181**

Amount of Each Receipt this Period  

10.00
-------

**C. GREGORY L. PHELPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1609 Rose Place

City Cincinnati	State OH	Zip Code 45237
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283549**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.84</b>
<b>TOTAL</b> This Period (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 977 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. GREGORY L. PHELPS</b>			Date of Receipt
Mailing Address 1609 Rose Place			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283912</b>
Cincinnati	OH	45237	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CATHERINE PHILLIPS</b>			Date of Receipt
Mailing Address 15707 Manning Street			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284256</b>
Detroit	MI	48205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="29.12"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="669.76"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CATHERINE PHILLIPS</b>			Date of Receipt
Mailing Address 15707 Manning Street			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284304</b>
Detroit	MI	48205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="29.12"/>
Name of Employer	Occupation		
AFSCME MI CN 25	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="698.88"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.24"/>
<b>TOTAL</b> 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 978 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. KELLY PHILLIPS</b>		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282913</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11	STAFF REPRESENTATIVE	<input type="text" value="99.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="825.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MICHELLE R. PHILLIPS</b>		Date of Receipt
Mailing Address 323 N. Warren Avenue		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282533</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 4/SOUTH-WESTERN	CUSTODIAN	<input type="text" value="62.50"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PEGGY A. PHIPPS</b>		Date of Receipt
Mailing Address 800 Iowa Street		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Stanhope	IA	50246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286643</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	<input type="text" value="19.24"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="211.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="180.74"/>
<b>TOTAL</b> 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 979 OF 1358
	<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. PEGGY A. PHIPPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Iowa Street

City Stanhope State IA Zip Code 50246

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.286628**

Amount of Each Receipt this Period 19.24

**B. STEVAN P. PICKARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3325 Capricio Street, NE

City Canton State OH Zip Code 44721-2702

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 705.05

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284358**

Amount of Each Receipt this Period 64.18

**C. DONA PIERCEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285781**

Amount of Each Receipt this Period 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 93.92

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 980 OF 1358
	<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. DONA PIERCEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.286057**

Amount of Each Receipt this Period  
10.50

**B. LINDA A. PIERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 C Avenue

City Garwin State IA Zip Code 50632

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 206.22

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286586**

Amount of Each Receipt this Period  
39.28

**C. LINDA A. PIERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 C Avenue

City Garwin State IA Zip Code 50632

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 216.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.286456**

Amount of Each Receipt this Period  
9.82

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.60

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 981 OF 1358
	<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. JEFFREY PITTMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
960.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284452**

Amount of Each Receipt this Period  
80.00

**B. RONALD W PITTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001-A Industrial Drive

City Marion State IL Zip Code 62959

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
680.77

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284892**

Amount of Each Receipt this Period  
77.62

**C. RONALD W PITTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2001-A Industrial Drive

City Marion State IL Zip Code 62959

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
758.39

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284711**

Amount of Each Receipt this Period  
77.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 235.24

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 982 OF 1358
	<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. JOSEPH PLUGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 South Jackson

City Gardner	State IL	Zip Code 60424
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
667.12

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		03		2012

**Transaction ID : SA11AI.284893**

Amount of Each Receipt this Period  
67.74

**B. JOSEPH PLUGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 605 South Jackson

City Gardner	State IL	Zip Code 60424
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
634.86

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		28		2012

**Transaction ID : SA11AI.284712**

Amount of Each Receipt this Period  
67.74

**C. KEVAN L. PLUMLEE**  
Full Name (Last, First, Middle Initial)

Mailing Address 14039 Allen Road

City Carterville	State IL	Zip Code 62918
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
478.11

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		03		2012

**Transaction ID : SA11AI.284894**

Amount of Each Receipt this Period  
8.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	143.88
<b>TOTAL</b> This Period (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 983 OF 1358
	<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. KEVAN L. PLUMLEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14039 Allen Road  
 City Carterville State IL Zip Code 62918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 486.51

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284713**  
 Amount of Each Receipt this Period  
 8.40

**B. CLIFFORD T. POEHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 Glendale Street  
 City Minneapolis State MN Zip Code 55104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation LEGAL ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 629.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286765**  
 Amount of Each Receipt this Period  
 194.90

**C. CLIFFORD T. POEHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 565 Glendale Street  
 City Minneapolis State MN Zip Code 55104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation LEGAL ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 663.75

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286766**  
 Amount of Each Receipt this Period  
 34.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	237.45
<b>TOTAL</b> This Period (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 984 OF 1358
	<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. CLIFFORD T. POEHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 565 Glendale Street

City Minneapolis State MN Zip Code 55104

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/HENNEPIN COUNTY Occupation: LEGAL ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **697.90**

Date of Receipt: **12 / 13 / 2012**

**Transaction ID : SA11AI.286767**

Amount of Each Receipt this Period: **34.15**

**B. RENEE POFF**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME PA CN 13 Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **452.96**

Date of Receipt: **12 / 12 / 2012**

**Transaction ID : SA11AI.282696**

Amount of Each Receipt this Period: **48.15**

**C. STEVE POINTEC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME WA CN 28/STATE OF WA Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt: **12 / 10 / 2012**

**Transaction ID : SA11AI.285782**

Amount of Each Receipt this Period: **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **102.30**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 985 OF 1358
	<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. STEVE POINTEC**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286058**

Amount of Each Receipt this Period 20.00

**B. CHRISTOPHER D. POLICANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2480 16th Street NW  
Apt. 314

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1620.12

Date of Receipt 11 / 29 / 2012  
**Transaction ID : SA11AI.281683**

Amount of Each Receipt this Period 72.96

**C. CHRISTOPHER D. POLICANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 2480 16th Street NW  
Apt. 314

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1693.08

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281876**

Amount of Each Receipt this Period 72.96

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.92

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 986 OF 1358
	<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. CHRISTOPHER D. POLICANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2480 16th Street NW  
 Apt. 314  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, COMMUNICATIONS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1766.04**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.282068**  
 Amount of Each Receipt this Period **72.96**

**B. NICOLE R. POLLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9404 Nicklaus Lane  
 City Laurel State MD Zip Code 20708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1331.00**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281684**  
 Amount of Each Receipt this Period **60.50**

**C. NICOLE R. POLLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9404 Nicklaus Lane  
 City Laurel State MD Zip Code 20708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1391.50**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281877**  
 Amount of Each Receipt this Period **60.50**

**SUBTOTAL** of Receipts This Page (optional)..... **193.96**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 987 OF 1358
	<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"/>	<input type="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. NICOLE R. POLLARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9404 Nicklaus Lane

City Laurel State MD Zip Code 20708

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1452.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282069**

Amount of Each Receipt this Period  
 60.50

**B. GREGORY POPEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 552.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284895**

Amount of Each Receipt this Period  
 52.46

**C. GREGORY POPEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 605.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284714**

Amount of Each Receipt this Period  
 52.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.42

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 988 OF 1358
	<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	<input type="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. LYNNE L. POTHAST**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286587**

Amount of Each Receipt this Period  
 38.48

**B. LYNNE L. POTHAST**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286457**

Amount of Each Receipt this Period  
 9.62

**C. EDWARD POTTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 240 Bentz Mill Road

City Wellsville State PA Zip Code 17365

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
836.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282697**

Amount of Each Receipt this Period  
 73.16

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.26

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 989 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. GREGORY POWELL</b>		Date of Receipt
Mailing Address 11505 Circle Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78748
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284181</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AFSCME TX LOC 1624	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1560.00"/>	

Full Name (Last, First, Middle Initial) <b>B. GREGORY POWELL</b>		Date of Receipt
Mailing Address 11505 Circle Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78748
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286887</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>
Name of Employer	Occupation	
AFSCME TX LOC 1624	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GREGORY POWELL</b>		Date of Receipt
Mailing Address 11505 Circle Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78748
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.284211</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AFSCME TX LOC 1624	VICE PRESIDENT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1700.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 990 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. GREGORY POWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012
Mailing Address 11505 Circle Drive		<b>Transaction ID : SA11AI.286888</b>
City Austin	State TX	Zip Code 78748
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME TX LOC 1624	Occupation VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1740.00	

Full Name (Last, First, Middle Initial) <b>B. M LYNETTE POWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012
Mailing Address 1212 Jefferson St., SE Suite 300		<b>Transaction ID : SA11AI.285784</b>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.50	

Full Name (Last, First, Middle Initial) <b>C. M LYNETTE POWELL</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012
Mailing Address 1212 Jefferson St., SE Suite 300		<b>Transaction ID : SA11AI.286060</b>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 10.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.00
<b>TOTAL</b> This Period (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 991 OF 1358  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. REBECCA POWELL**

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **12 / 10 / 2012**

**Transaction ID : SA11AI.285785**

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)  
**B. REBECCA POWELL**

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.286061**

Amount of Each Receipt this Period **20.00**

Full Name (Last, First, Middle Initial)  
**C. STEVE PREBLE**

Mailing Address P.O. Box 204

City Colerain State MN Zip Code 55722

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1174.52**

Date of Receipt **12 / 06 / 2012**

**Transaction ID : SA11AI.284532**

Amount of Each Receipt this Period **90.46**

**SUBTOTAL** of Receipts This Page (optional)..... **130.46**

**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 992 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. HELEN PRESSLEY</b>			Date of Receipt
Mailing Address P.O. Box 7606			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285786</b>
Olympia	WA	98507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="462.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. HELEN PRESSLEY</b>			Date of Receipt
Mailing Address P.O. Box 7606			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286062</b>
Olympia	WA	98507	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="483.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DELBERT G. PRICE</b>			Date of Receipt
Mailing Address 885 Haverhill Drive			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281685</b>
Hamilton	OH	45013	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="43.71"/>
Name of Employer	Occupation		
AFSCME INT'L	INTERNATIONAL UNION REP.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="961.62"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="85.71"/>
<b>TOTAL</b> 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 993 OF 1358
	<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. DELBERT G. PRICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 885 Haverhill Drive

City Hamilton	State OH	Zip Code 45013
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation INTERNATIONAL UNION REP.
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1005.33

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281878**

Amount of Each Receipt this Period  
43.71

**B. DELBERT G. PRICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 885 Haverhill Drive

City Hamilton	State OH	Zip Code 45013
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation INTERNATIONAL UNION REP.
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1049.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282070**

Amount of Each Receipt this Period  
43.71

**C. ROBYN PRICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284257**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	112.42
<b>TOTAL</b> This Period (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 994 OF 1358
	<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. ROBYN PRICE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **667.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284305**

Amount of Each Receipt this Period  

25.00
-------

**B. MICHAEL E. PRIEST**  
Full Name (Last, First, Middle Initial)

Mailing Address 8968 Larimer Drive

City Sturgeon Lake	State MN	Zip Code 55783
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286686**

Amount of Each Receipt this Period  

20.00
-------

**C. MICHAEL E. PRIEST**  
Full Name (Last, First, Middle Initial)

Mailing Address 8968 Larimer Drive

City Sturgeon Lake	State MN	Zip Code 55783
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286742**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (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 996 OF 1358
	<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. FRANK PROCHASKA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1484

City Springfield State IL Zip Code 62705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **523.16**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.284896**

Amount of Each Receipt this Period **67.74**

**B. FRANK PROCHASKA**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1484

City Springfield State IL Zip Code 62705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **590.90**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.284715**

Amount of Each Receipt this Period **67.74**

**C. MARCIA PROVOST**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 Third Street SE

City Milaca State MN Zip Code 56353

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **11 / 30 / 2012**

**Transaction ID : SA11AI.286687**

Amount of Each Receipt this Period **48.00**

**SUBTOTAL** of Receipts This Page (optional)..... **183.48**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 997 OF 1358
	<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. MARCIA PROVOST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 555 Third Street SE

City Milaca	State MN	Zip Code 56353
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **648.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286743**

Amount of Each Receipt this Period  

48.00
-------

**B. EDWARD M. PRUITT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 514 Quail Hollow Avenue NE

City Canton	State OH	Zip Code 44704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.284051**

Amount of Each Receipt this Period  

10.00
-------

**C. EDWARD M. PRUITT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 514 Quail Hollow Avenue NE

City Canton	State OH	Zip Code 44704
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation JUVENILE CORRECTION OFFICER
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283183**

Amount of Each Receipt this Period  

15.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>73.00</b>
<b>TOTAL</b> This Period (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 998 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. EDWARD M. PRUITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 514 Quail Hollow Avenue NE

City	State	Zip Code
Canton	OH	44704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283551**

Amount of Each Receipt this Period  

15.00
-------

**B. EDWARD M. PRUITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 514 Quail Hollow Avenue NE

City	State	Zip Code
Canton	OH	44704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **285.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283914**

Amount of Each Receipt this Period  

15.00
-------

**C. CONSTANCE J. PULIDO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1470 Mahiole Street

City	State	Zip Code
Honolulu	HI	96819

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 ▼ **264.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285068**

Amount of Each Receipt this Period  

22.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>52.00</b>
<b>TOTAL</b> This Period (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 999 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JANET R. PULLEN</b>		Date of Receipt
Mailing Address 8003 Alcoa Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ft. Washington	MD	20744
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.281686</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="709.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JANET R. PULLEN</b>		Date of Receipt
Mailing Address 8003 Alcoa Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ft. Washington	MD	20744
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.281879</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="744.45"/>	

Full Name (Last, First, Middle Initial) <b>C. JANET R. PULLEN</b>		Date of Receipt
Mailing Address 8003 Alcoa Drive		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Ft. Washington	MD	20744
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11Al.282071</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ADMINISTRATIVE ASSISTANT	<input type="text" value="35.45"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="779.90"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="106.35"/>
<b>TOTAL</b> 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 1000 OF 1358
	<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. IRENE L. PUJOHAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 94-1149 Kaloli Loop

City Waipahu State HI Zip Code 96797

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285069**

Amount of Each Receipt this Period 25.00

**B. KELLY HU QUAZI**  
Full Name (Last, First, Middle Initial)

Mailing Address 122 DIX ROAD

City WETHERSFIELD State CT Zip Code 06109

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.287447**

Amount of Each Receipt this Period 8.40

**C. CARY R. QUICK JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 Campground Road

City Anna State IL Zip Code 62906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MENTAL HEALTH TECH I

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285429**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 63.40

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1001 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CARY R. QUICK JR.</b>			Date of Receipt
Mailing Address 910 Campground Road			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285550</b>
Anna	IL	62906	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1500"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	MENTAL HEALTH TECH I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. PHEDRA C. QUINCEY</b>			Date of Receipt
Mailing Address 802 N 40th Avenue SP #82			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284103</b>
Yakima	WA	98908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	COUNCIL REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. PHEDRA C. QUINCEY</b>			Date of Receipt
Mailing Address 802 N 40th Avenue SP #82			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284152</b>
Yakima	WA	98908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	COUNCIL REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.00"/>
<b>TOTAL</b> 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 1002 OF 1358
	<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. PAUL S. RADMAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 South 9th Street

City Estherville State IA Zip Code 51334

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 229.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286644**

Amount of Each Receipt this Period  
 20.82

**B. PAUL S. RADMAKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 408 South 9th Street

City Estherville State IA Zip Code 51334

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286629**

Amount of Each Receipt this Period  
 20.82

**C. BETH I. RAGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4303 SE Main Street

City Portland State OR Zip Code 97215

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROGRAM COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285211**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	61.64
<b>TOTAL</b> This Period (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 1003 OF 1358
	(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"/> 12
		<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. BETH I. RAGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4303 SE Main Street

City Portland State OR Zip Code 97215

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation PROGRAM COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.285311**

Amount of Each Receipt this Period  
20.00

**B. DAVID A. RAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 17603 S. Cardinal Road

City Chaney State WA Zip Code 99004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285788**

Amount of Each Receipt this Period  
10.50

**C. DAVID A. RAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 17603 S. Cardinal Road

City Chaney State WA Zip Code 99004

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286064**

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.00

**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 1004 OF 1358
	<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. LLOYD L. RAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15829 Narraganset Oval

City Middleburg Hts	State OH	Zip Code 44130
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR
-------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282176**

Amount of Each Receipt this Period  
80.00

**B. LLOYD L. RAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15829 Narraganset Oval

City Middleburg Hts	State OH	Zip Code 44130
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR
-------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282232**

Amount of Each Receipt this Period  
40.00

**C. LLOYD L. RAINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15829 Narraganset Oval

City Middleburg Hts	State OH	Zip Code 44130
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR
-------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1080.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282287**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	160.00
<b>TOTAL</b> This Period (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 1005 OF 1358
	<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. HOLLY A RAKOCY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7250 Green Ridge Drive

City Eden Prairie	State MN	Zip Code 55346
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286810**

Amount of Each Receipt this Period  

100.00
--------

**B. HOLLY A RAKOCY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7250 Green Ridge Drive

City Eden Prairie	State MN	Zip Code 55346
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286781**

Amount of Each Receipt this Period  

10.00
-------

**C. HOLLY A RAKOCY**  
Full Name (Last, First, Middle Initial)

Mailing Address 7250 Green Ridge Drive

City Eden Prairie	State MN	Zip Code 55346
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.286796**

Amount of Each Receipt this Period  

10.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (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 1006 OF 1358
<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. JEANNE L. RAMSTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3959 NE 40th Street  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285212**  
 Amount of Each Receipt this Period  
 18.00

**B. JEANNE L. RAMSTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3959 NE 40th Street  
 City Portland State OR Zip Code 97212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285312**  
 Amount of Each Receipt this Period  
 18.00

**C. JOHN RANDOLPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 323 60th Street SE  
 City Everett State WA Zip Code 98203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285789**  
 Amount of Each Receipt this Period  
 12.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.50
<b>TOTAL</b> This Period (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 1007 OF 1358
	<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. JOHN RANDOLPH**  
Full Name (Last, First, Middle Initial)

Mailing Address 323 60th Street SE

City Everett State WA Zip Code 98203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286065**

Amount of Each Receipt this Period 12.50

**B. JONI C. RANG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5948 Whiteford Road

City Sylvania State OH Zip Code 43560

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA SCHOOLS Occupation SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.282540**

Amount of Each Receipt this Period 9.62

**C. MAUREEN E. RANUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 8758 Luoma Lane

City Iron State MN Zip Code 55751

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST. LOUIS CNTY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286856**

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.12

**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: (check only one)	PAGE 1008 OF 1358
	<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. MAUREEN E. RANUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 8758 Luoma Lane

City Iron State MN Zip Code 55751

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/ST. LOUIS CNTY  
Occupation: STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012

**Transaction ID : SA11AI.286834**

Amount of Each Receipt this Period  
 10.00

**B. MAUREEN E. RANUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 8758 Luoma Lane

City Iron State MN Zip Code 55751

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME MN CN 5/ST. LOUIS CNTY  
Occupation: STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.286835**

Amount of Each Receipt this Period  
 10.00

**C. DONNA R. RAPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 2414 Cosmos Drive

City Loveland State OH Zip Code 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 4/MASON CITY  
Occupation: STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.282542**

Amount of Each Receipt this Period  
 9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.62
<b>TOTAL</b> This Period (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 1009 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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**

Full Name (Last, First, Middle Initial) <b>A. DONNA R. RAPP</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282543</b>		
Mailing Address 2414 Cosmos Drive			Amount of Each Receipt this Period 9.62		
City Loveland	State OH	Zip Code 45140			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 4/MASON CITY		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 211.64			

Full Name (Last, First, Middle Initial) <b>B. SUSIE ANN RATHKE</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285790</b>		
Mailing Address 1212 Jefferson Street SE			Amount of Each Receipt this Period 22.00		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 506.00			

Full Name (Last, First, Middle Initial) <b>C. SUSIE ANN RATHKE</b>			Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286066</b>		
Mailing Address 1212 Jefferson Street SE			Amount of Each Receipt this Period 22.00		
City Olympia	State WA	Zip Code 98501			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 528.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.62
<b>TOTAL</b> This Period (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 1010 OF 1358
	<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. MICHAEL D. RAUSCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Cotter Road

City Mansfield	State OH	Zip Code 44903
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ASHLAND	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
222.78

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		04		2012

**Transaction ID : SA11AI.282544**

Amount of Each Receipt this Period  
9.24

**B. MICHAEL D. RAUSCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Cotter Road

City Mansfield	State OH	Zip Code 44903
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ASHLAND	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
232.40

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2012

**Transaction ID : SA11AI.282545**

Amount of Each Receipt this Period  
9.62

**C. MICHAEL D. RAUSCHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2135 Cotter Road

City Mansfield	State OH	Zip Code 44903
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/ASHLAND	Occupation CUSTODIAN
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
242.02

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		27		2012

**Transaction ID : SA11AI.282546**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.48
<b>TOTAL</b> This Period (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 1011 OF 1358
	<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. AMYLEE RAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
699.84

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284453**

Amount of Each Receipt this Period  
58.32

**B. ZOLLIE RAYNER**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 51

City Albion State PA Zip Code 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
991.92

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : SA11AI.282698**

Amount of Each Receipt this Period  
73.16

**C. BARB S. REARDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Gregory Road

City Murphysboro State IL Zip Code 62966

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
239.66

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.285430**

Amount of Each Receipt this Period  
20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	152.32
<b>TOTAL</b> This Period (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 1012 OF 1358
	(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"/> 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. BARB S. REARDON**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Gregory Road

City Murphysboro State IL Zip Code 62966

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CASEWORKER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285551**

Amount of Each Receipt this Period  
 10.42

**B. CHRISTY C REED**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 842

City Toledo State WA Zip Code 98591

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285791**

Amount of Each Receipt this Period  
 10.00

**C. CHRISTY C REED**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 842

City Toledo State WA Zip Code 98591

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286067**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.42

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1013 OF 1358
	<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. RICKY E. REED**  
Full Name (Last, First, Middle Initial)

Mailing Address 9733 Linwood Road

City La Rue	State OH	Zip Code 43332
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283185**

Amount of Each Receipt this Period  
10.00

**B. RICKY E. REED**  
Full Name (Last, First, Middle Initial)

Mailing Address 9733 Linwood Road

City La Rue	State OH	Zip Code 43332
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283553**

Amount of Each Receipt this Period  
10.00

**C. RICKY E. REED**  
Full Name (Last, First, Middle Initial)

Mailing Address 9733 Linwood Road

City La Rue	State OH	Zip Code 43332
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283916**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 1014 OF 1358
	<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. TERRY M. REED**  
Full Name (Last, First, Middle Initial)

Mailing Address 2737 Yellowoak Place

City Hilliard State OH Zip Code 43026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1082.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284359**

Amount of Each Receipt this Period  
 98.50

**B. SHARON REESE**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville State OH Zip Code 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282915**

Amount of Each Receipt this Period  
 30.00

**C. STEVEN C. REEVES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2566 Stillwater Road

City Maplewood Road State MN Zip Code 55119

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation MAINTENANCE WORKER I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286836**

Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	148.50
<b>TOTAL</b> This Period (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 1015 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEVEN C. REEVES</b>		Date of Receipt
Mailing Address 2566 Stillwater Road		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Maplewood Road MN 55119		<b>Transaction ID : SA11AI.286857</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="140.00"/>
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation MAINTENANCE WORKER I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="440.00"/>	

Full Name (Last, First, Middle Initial) <b>B. STEVEN C. REEVES</b>		Date of Receipt
Mailing Address 2566 Stillwater Road		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Maplewood Road MN 55119		<b>Transaction ID : SA11AI.286837</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation MAINTENANCE WORKER I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	

Full Name (Last, First, Middle Initial) <b>C. STEVEN C. REEVES</b>		Date of Receipt
Mailing Address 2566 Stillwater Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City State Zip Code Maplewood Road MN 55119		<b>Transaction ID : SA11AI.286838</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation MAINTENANCE WORKER I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="180.00"/>
<b>TOTAL</b> 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 1016 OF 1358
	<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. NICOLE R. REFFITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 35395 Ponetown Road

City Ray	State OH	Zip Code 45672
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NURSE
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283188**

Amount of Each Receipt this Period  

10.00
-------

**B. NICOLE R. REFFITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 35395 Ponetown Road

City Ray	State OH	Zip Code 45672
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NURSE
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283556**

Amount of Each Receipt this Period  

10.00
-------

**C. NICOLE R. REFFITT**  
Full Name (Last, First, Middle Initial)

Mailing Address 35395 Ponetown Road

City Ray	State OH	Zip Code 45672
-------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NURSE
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283919**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 1017 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. PATRICK D. REGAN</b>		Date of Receipt
Mailing Address 1730 37th Avenue NE		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Minneapolis	MN	55421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286811</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PATRICK D. REGAN</b>		Date of Receipt
Mailing Address 1730 37th Avenue NE		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Minneapolis	MN	55421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286782</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>C. PATRICK D. REGAN</b>		Date of Receipt
Mailing Address 1730 37th Avenue NE		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Minneapolis	MN	55421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286797</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="390.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 1018 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. STEPHEN REGENSTREIF</b>		Date of Receipt
Mailing Address 3214 38th Street NW		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281687</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, RETIREE PROGRAMS		<input type="text" value="62.60"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1399.20"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. STEPHEN REGENSTREIF</b>		Date of Receipt
Mailing Address 3214 38th Street NW		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281880</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, RETIREE PROGRAMS		<input type="text" value="62.60"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1461.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. STEPHEN REGENSTREIF</b>		Date of Receipt
Mailing Address 3214 38th Street NW		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20016
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282072</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation DIRECTOR, RETIREE PROGRAMS		<input type="text" value="62.60"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1524.40"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="187.80"/>
<b>TOTAL</b> 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 1019 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J. REICHERT</b>			Date of Receipt
Mailing Address 1724 Kalorama Rd. NW			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287321</b>
Washington	DC	20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="660.00"/>
Name of Employer	Occupation		
AFSCME DC CN 20	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="660.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL J. REICHERT</b>			Date of Receipt
Mailing Address 1724 Kalorama Rd. NW			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287320</b>
Washington	DC	20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="180.00"/>
Name of Employer	Occupation		
AFSCME DC CN 20	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="840.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. REX REID</b>			Date of Receipt
Mailing Address 198 Clerk Street			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287512</b>
Jersey City	NJ	07305-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="17.46"/>
Name of Employer	Occupation		
AFSCME NJ CN 1	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.06"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="257.46"/>
<b>TOTAL</b> 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 1020 OF 1358
	<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. LAURA J. REISDORPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 F Street  
 City Centralia State WA Zip Code 98531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation PUBLIC AFFAIRS ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284104**  
 Amount of Each Receipt this Period  
 42.00

**B. LAURA J. REISDORPH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 915 F Street  
 City Centralia State WA Zip Code 98531  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation PUBLIC AFFAIRS ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284153**  
 Amount of Each Receipt this Period  
 42.00

**C. ELNORA DE LOS T REY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3150 W. Glenholly Drive  
 City Anaheim State CA Zip Code 92804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287194**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	104.00
<b>TOTAL</b> This Period (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 1021 OF 1358
	<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. ELNORA DE LOS T REY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3150 W. Glenholly Drive

City Anaheim	State CA	Zip Code 92804
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.287282**

Amount of Each Receipt this Period  
40.00

**B. ELNORA DE LOS T REY**  
Full Name (Last, First, Middle Initial)

Mailing Address 3150 W. Glenholly Drive

City Anaheim	State CA	Zip Code 92804
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.287315**

Amount of Each Receipt this Period  
10.00

**C. JOSE ARMIN REYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 13326 Felson Place

City Cerritos	State CA	Zip Code 90703
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287313**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1022 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOSE ARMIN REYES</b>			Date of Receipt
Mailing Address 13326 Felson Place			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287195</b>
Cerritos	CA	90703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME CA LOC 1199	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOSE ARMIN REYES</b>			Date of Receipt
Mailing Address 13326 Felson Place			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287283</b>
Cerritos	CA	90703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME CA LOC 1199	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LAURA REYES</b>			Date of Receipt
Mailing Address 5706 Colorado Avenue NW			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281688</b>
Washington	DC	20011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="104.48"/>
Name of Employer	Occupation		
AFSCME INT'L	SECRETARY TREASURER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1162.32"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="144.48"/>
<b>TOTAL</b> 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 1023 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LAURA REYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5706 Colorado Avenue NW

City Washington	State DC	Zip Code 20011
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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 ▼  
1266.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281881**

Amount of Each Receipt this Period  
104.48

**B. LAURA REYES**  
Full Name (Last, First, Middle Initial)

Mailing Address 5706 Colorado Avenue NW

City Washington	State DC	Zip Code 20011
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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 ▼  
1371.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282073**

Amount of Each Receipt this Period  
104.48

**C. ANITA REYNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285792**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	218.96
<b>TOTAL</b> This Period (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 1024 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ANITA REYNA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286068**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
10.00				

**B. STEPHANIE L. REYNOLDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Garbett Street

City McKeesport	State PA	Zip Code 15132
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282779**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
20.00				

**C. STEPHANIE L. REYNOLDS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Garbett Street

City McKeesport	State PA	Zip Code 15132
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282858**

Amount of Each Receipt this Period  

50.00	50.00	50.00	50.00	50.00
20.00				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 1025 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. HARRY RHODES</b>		Date of Receipt
Mailing Address 4031 Executive Park Drive		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Harrisburg	PA	17111
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282699</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="58.18"/>
Name of Employer	Occupation	
AFSCME PA CN 13	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="653.31"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARY JANE J. RHODES-ELLIS</b>		Date of Receipt
Mailing Address 5855 Sherrard Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cambridge	OH	43725
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282552</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.70"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/GUERNSEY CNTY	SECRETARY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="223.45"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARY JANE J. RHODES-ELLIS</b>		Date of Receipt
Mailing Address 5855 Sherrard Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Cambridge	OH	43725
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282553</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="15.70"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/GUERNSEY CNTY	SECRETARY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="239.15"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="89.58"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1026 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CATHY E. RICE</b>		Date of Receipt
Mailing Address 703 S Main Street		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	OH	43105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283557</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	NETWORK SERVICES TECH	<input type="text" value="6.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="204.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CATHY E. RICE</b>		Date of Receipt
Mailing Address 703 S Main Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Baltimore	OH	43105
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283920</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	NETWORK SERVICES TECH	<input type="text" value="6.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LISA E. RICE</b>		Date of Receipt
Mailing Address 1456 Greenmont Court		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Reston	VA	20190
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281689</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	PROJECT COORDINATOR	<input type="text" value="39.21"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="862.62"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="51.21"/>
<b>TOTAL</b> 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 1027 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. LISA E. RICE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281882</b>
Mailing Address 1456 Greenmont Court		Amount of Each Receipt this Period 39.21
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation PROJECT COORDINATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 901.83	

Full Name (Last, First, Middle Initial) <b>B. LISA E. RICE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282074</b>
Mailing Address 1456 Greenmont Court		Amount of Each Receipt this Period 39.21
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME INT'L	Occupation PROJECT COORDINATOR
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 941.04	

Full Name (Last, First, Middle Initial) <b>C. COLLEN M. RICE-LOZENSKY</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285793</b>
Mailing Address 4510 SW Austin Street		Amount of Each Receipt this Period 10.50
City Seattle	State WA	Zip Code 98136
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.50	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	88.92
<b>TOTAL</b> This Period (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 1028 OF 1358
	(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"/> 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. COLLEN M. RICE-LOZENSKY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4510 SW Austin Street  
 City Seattle State WA Zip Code 98136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286069**  
 Amount of Each Receipt this Period  
 10.50

**B. PATTY RICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2867 W. 10545 So.  
 City South Jordan State UT Zip Code 84102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME UT LOC 1004 Occupation EXECUTIVE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 722.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286905**  
 Amount of Each Receipt this Period  
 100.00

**C. PATTY D. RICH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 390 Worthington Road  
 City Westerville State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282916**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.50
<b>TOTAL</b> This Period (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 1029 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. PATTY RICH</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.286906</b>
Mailing Address 2867 W. 10545 So.			Amount of Each Receipt this Period 50.00
City South Jordan	State UT	Zip Code 84102	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME UT LOC 1004	Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.00		

Full Name (Last, First, Middle Initial) <b>B. SHAWN E. RICHARDSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283190</b>
Mailing Address 6688 Markwood Street			Amount of Each Receipt this Period 40.00
City Worthington	State OH	Zip Code 43085	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) <b>C. SHAWN E. RICHARDSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283558</b>
Mailing Address 6688 Markwood Street			Amount of Each Receipt this Period 40.00
City Worthington	State OH	Zip Code 43085	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TRANSPORTATION TECHN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1030 OF 1358
<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. SHAWN E. RICHARDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6688 Markwood Street

City State Zip Code  
Worthington OH 43085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11/STATE OF OH TRANSPORTATION TECHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1040.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283921**

Amount of Each Receipt this Period  
40.00

**B. MICHELLE RIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1306.62

Date of Receipt  
12 / 12 / 2012  
**Transaction ID : SA11AI.282700**

Amount of Each Receipt this Period  
116.36

**C. BRUCE RIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285794**

Amount of Each Receipt this Period  
10.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.86
<b>TOTAL</b> This Period (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 1031 OF 1358
	<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. BRUCE RIDLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
Transaction ID : SA11AI.286070

Amount of Each Receipt this Period  
10.50

**B. GREGORY A. RIEMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3478 Scotswood Circle

City Richfield State OH Zip Code 44286

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 229.24

Date of Receipt  
12 / 04 / 2012  
Transaction ID : SA11AI.284360

Amount of Each Receipt this Period  
20.84

**C. LARRY ANTHONY RINCON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
11 / 27 / 2012  
Transaction ID : SA11AI.286588

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 71.34

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1032 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LARRY ANTHONY RINCON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286458**  
 Amount of Each Receipt this Period  
 10.00

**B. LAWRENCE F. RINEHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 WHITNEY AVENUE, APT. 6  
 City NEW HAVEN State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287450**  
 Amount of Each Receipt this Period  
 8.40

**C. LAWRENCE F. RINEHART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 WHITNEY AVENUE, APT. 6  
 City NEW HAVEN State CT Zip Code 06511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287451**  
 Amount of Each Receipt this Period  
 8.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	26.80
<b>TOTAL</b> This Period (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 1033 OF 1358
<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. LAWRENCE F. RINEHART**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 WHITNEY AVENUE, APT. 6

City NEW HAVEN	State CT	Zip Code 06511
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **218.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287452**

Amount of Each Receipt this Period  

8.40
------

**B. JOY L. RING**  
Full Name (Last, First, Middle Initial)

Mailing Address 1334 Haloa Drive

City Honolulu	State HI	Zip Code 96818
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE
---------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **430.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285070**

Amount of Each Receipt this Period  

30.00
-------

**C. LONNIE RIPLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285795**

Amount of Each Receipt this Period  

12.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.40</b>
<b>TOTAL</b> This Period (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 1034 OF 1358
	<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. LONNIE RIPLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 278.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 24 / 2012  
**Transaction ID : SA11AI.286071**

Amount of Each Receipt this Period  
42.00

**B. EVA RIPPETEAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 7208 N Mowawk

City Portland State OR Zip Code 97203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.285098**

Amount of Each Receipt this Period  
40.00

**C. EVA RIPPETEAU**  
Full Name (Last, First, Middle Initial)

Mailing Address 7208 N Mowawk

City Portland State OR Zip Code 97203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.285120**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.00
<b>TOTAL</b> This Period (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 1035 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. ALLISON R. RITCHIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286589**  
 Amount of Each Receipt this Period 40.00

**B. ALLISON R. RITCHIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286459**  
 Amount of Each Receipt this Period 10.00

**C. THOMAS J. RITCHIE Sr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1644 Spaulding Road  
 City Dayton State OH Zip Code 45432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1205.89

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284362**  
 Amount of Each Receipt this Period 99.76

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.76
<b>TOTAL</b> This Period (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 1036 OF 1358
	<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. LUIS A. RIVAS-VAZQUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 WILLOW STREET

City HAMDEN State CT Zip Code 06518

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : SA11AI.287455**

Amount of Each Receipt this Period  
 8.40

**B. LUIS A. RIVAS-VAZQUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 WILLOW STREET

City HAMDEN State CT Zip Code 06518

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 07 / 2012

**Transaction ID : SA11AI.287456**

Amount of Each Receipt this Period  
 8.40

**C. LUIS A. RIVAS-VAZQUEZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 WILLOW STREET

City HAMDEN State CT Zip Code 06518

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.40

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.287457**

Amount of Each Receipt this Period  
 8.40

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25.20

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 OF 1358  
(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. AYANA L. RIVERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1475 Cunard Road  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 406.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282321**  
 Amount of Each Receipt this Period  
 15.63

**B. AYANA L. RIVERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1475 Cunard Road  
 City Columbus State OH Zip Code 43227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 422.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282352**  
 Amount of Each Receipt this Period  
 15.63

**C. CLAUDIA ROBERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7340 S. Yates 2nd Fl.  
 City Chicago State IL Zip Code 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1042.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284897**  
 Amount of Each Receipt this Period  
 94.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 126.06  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1038 OF 1358
	<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. CLAUDIA ROBERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7340 S. Yates  
 2nd Fl.  
 City Chicago State IL Zip Code 60649  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation ASSOCIATE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1137.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284716**  
 Amount of Each Receipt this Period  
 94.80

**B. JOHN C. ROBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Chaplin Place  
 City Hartford State CT Zip Code 06114-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287371**  
 Amount of Each Receipt this Period  
 40.00

**C. JOHN C. ROBERT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Chaplin Place  
 City Hartford State CT Zip Code 06114-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287372**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.80  
**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 1039 OF 1358
	<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. JOHN C. ROBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Chaplin Place

City Hartford State CT Zip Code 06114-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.287373**

Amount of Each Receipt this Period 100.00

**B. DALE C. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 338

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284105**

Amount of Each Receipt this Period 50.00

**C. DALE C. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 338

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation COUNCIL REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284154**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1040 OF 1358
	<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	<input type="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. DEANNA L. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.79**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286590**

Amount of Each Receipt this Period **41.64**

**B. DEANNA L. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **248.20**

Date of Receipt **12 / 05 / 2012**

**Transaction ID : SA11AI.286460**

Amount of Each Receipt this Period **10.41**

**C. STEPHEN M. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5661 Windsor Woods Drive

City Columbus State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **718.87**

Date of Receipt **12 / 04 / 2012**

**Transaction ID : SA11AI.284363**

Amount of Each Receipt this Period **65.44**

**SUBTOTAL** of Receipts This Page (optional)..... **117.49**

**TOTAL** This Period (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 1041 OF 1358
	<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. TIMOTHY W. ROBERTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5033 Ridgewood Road E.

City Springfield	State OH	Zip Code 45503
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11	Occupation CORRECTION OFFICER
--------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282917**

Amount of Each Receipt this Period  

150.00
--------

**B. ALONZO B. ROBINSON JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 Clifton Avenue

City Newark	State NJ	Zip Code 07104-1831
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation CUSTODIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.20**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.286290**

Amount of Each Receipt this Period  

7.70
------

**C. JESSICA R. ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7901 Chicago Avenue

City Silver Spring	State MD	Zip Code 20910
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1732.42**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281690**

Amount of Each Receipt this Period  

82.31
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.01</b>
<b>TOTAL</b> This Period (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 1042 OF 1358
	<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. JESSICA R. ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7901 Chicago Avenue

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1814.73**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281883**

Amount of Each Receipt this Period  
**82.31**

**B. JESSICA R. ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 7901 Chicago Avenue

City Silver Spring State MD Zip Code 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE GENERAL COUNSEL II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1897.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282075**

Amount of Each Receipt this Period  
**82.31**

**C. KATHRYN ROBINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 N. Wacker Drive Suite 800

City Chicago State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **568.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 03 / 2012**

**Transaction ID : SA11AI.284898**

Amount of Each Receipt this Period  
**51.68**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **216.30**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1043 OF 1358
	<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. KATHRYN ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 N. Wacker Drive  
 Suite 800  
 City Chicago State IL Zip Code 60606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 620.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284717**  
 Amount of Each Receipt this Period  
 51.68

**B. SANDRA E. ROBINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City New Britain State CT Zip Code 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CT CN 4/STATE OF CT Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287353**  
 Amount of Each Receipt this Period  
 8.00

**C. JOSEPHINE ROBLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13018 101st Lane NE  
 Apt. 1  
 City Kirkland State WA Zip Code 98034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/UNIV OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286174**  
 Amount of Each Receipt this Period  
 21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.68
<b>TOTAL</b> This Period (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 1044 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. LYNN ANN RODENHUIS</b>		Date of Receipt
Mailing Address 406 Thayer Avenue		M M / D D / Y Y Y Y Y Y 11 / 29 / 2012
City	State	Zip Code
Silver Spring	MD	20910
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.281691</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOC. DIRECTOR, ORGNZNG & FLD SVCS	56.94
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1252.68	

Full Name (Last, First, Middle Initial) <b>B. LYNN ANN RODENHUIS</b>		Date of Receipt
Mailing Address 406 Thayer Avenue		M M / D D / Y Y Y Y Y Y 12 / 11 / 2012
City	State	Zip Code
Silver Spring	MD	20910
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.281884</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOC. DIRECTOR, ORGNZNG & FLD SVCS	56.94
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1309.62	

Full Name (Last, First, Middle Initial) <b>C. LYNN ANN RODENHUIS</b>		Date of Receipt
Mailing Address 406 Thayer Avenue		M M / D D / Y Y Y Y Y Y 12 / 21 / 2012
City	State	Zip Code
Silver Spring	MD	20910
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.282076</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOC. DIRECTOR, ORGNZNG & FLD SVCS	56.94
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1366.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.82
<b>TOTAL</b> This Period (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 1045 OF 1358
	<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. CHRISTINA D. RODMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Piedmont Road

City Columbus	State OH	Zip Code 43224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UTILITIES TECHNICIAN
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283193**

Amount of Each Receipt this Period  

10.00
-------

**B. CHRISTINA D. RODMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Piedmont Road

City Columbus	State OH	Zip Code 43224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UTILITIES TECHNICIAN
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283561**

Amount of Each Receipt this Period  

10.00
-------

**C. CHRISTINA D. RODMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1011 Piedmont Road

City Columbus	State OH	Zip Code 43224
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation UTILITIES TECHNICIAN
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283924**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (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 1046 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JUANITA M. RODRIGUEZ</b>		Date of Receipt
Mailing Address 4024 Wellington Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Oakdale	PA	15071
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.281692</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSISTANT TO REGIONAL DIRECTOR	<input type="text" value="37.53"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1566.53"/>	

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE ROEHRIG</b>		Date of Receipt
Mailing Address 13084 Lia Court		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lindon	MI	48451
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284183</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MI CN 25	EXECUTIVE DIRECTOR	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3215.36"/>	

Full Name (Last, First, Middle Initial) <b>C. LAWRENCE ROEHRIG</b>		Date of Receipt
Mailing Address 13084 Lia Court		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lindon	MI	48451
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.284258</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MI CN 25	EXECUTIVE DIRECTOR	<input type="text" value="106.88"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3322.24"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="214.41"/>
<b>TOTAL</b> 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 1047 OF 1358
	<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. LAWRENCE ROEHRIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3429.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284306**

Amount of Each Receipt this Period  
106.88

**B. LAWRENCE ROEHRIG**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3499.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284213**

Amount of Each Receipt this Period  
70.00

**C. ALICE M ROGERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1111 Sturm Avenue

City Walla Walla	State WA	Zip Code 99362
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
483.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285797**

Amount of Each Receipt this Period  
21.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.88
<b>TOTAL</b> This Period (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 1048 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. ALICE M ROGERS</b>			Date of Receipt
Mailing Address 1111 Sturm Avenue			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286073</b>
Walla Walla	WA	99362	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="21.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="504.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KATHRYN ROGERS</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285798</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="241.50"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. KATHRYN ROGERS</b>			Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286074</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.50"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="252.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="42.00"/>
<b>TOTAL</b> 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 1049 OF 1358
	<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. VICTORIA VICK A. ROHRIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6220 E Fairbrook Street  
 City Long Beach State CA Zip Code 90815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287316**  
 Amount of Each Receipt this Period  
 10.00

**B. VICTORIA VICK A. ROHRIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6220 E Fairbrook Street  
 City Long Beach State CA Zip Code 90815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287199**  
 Amount of Each Receipt this Period  
 20.00

**C. VICTORIA VICK A. ROHRIG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6220 E Fairbrook Street  
 City Long Beach State CA Zip Code 90815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287287**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 1050 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. JOANN ROSS</b>			Date of Receipt
Mailing Address 1625 L Street NW			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282130</b>
Washington	DC	20036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME INT'L/STATE STREET	RETIREE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MICHAEL C. ROSS</b>			Date of Receipt
Mailing Address 9432 S. Harding			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284899</b>
Evergreen Park	IL	60805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="68.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="756.14"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MICHAEL C. ROSS</b>			Date of Receipt
Mailing Address 9432 S. Harding			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284718</b>
Evergreen Park	IL	60805	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="68.74"/>
Name of Employer	Occupation		
AFSCME IL CN 31	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="824.88"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="157.48"/>
<b>TOTAL</b> 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 1051 OF 1358
	<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. STEVE ROTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2012

**Transaction ID : SA11AI.284401**

Amount of Each Receipt this Period  

98.10
-------

**B. MARLA ROWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Kerrigan Street

City Long Beach	State NY	Zip Code 11561
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286322**

Amount of Each Receipt this Period  

28.86
-------

**C. MARLA ROWE**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Kerrigan Street

City Long Beach	State NY	Zip Code 11561
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NASSAU CNTY	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **219.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286339**

Amount of Each Receipt this Period  

19.24
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.10</b>
<b>TOTAL</b> This Period (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 1052 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARLA ROWE</b>			Date of Receipt
Mailing Address 80 Kerrigan Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286340</b>
Long Beach	NY	11561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NASSAU CNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="228.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MARLA ROWE</b>			Date of Receipt
Mailing Address 80 Kerrigan Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286341</b>
Long Beach	NY	11561	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NASSAU CNTY	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="238.58"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SUSAN L. ROWE</b>			Date of Receipt
Mailing Address 207 9th Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286591</b>
Slater	IA	50244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="625.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="219.24"/>
<b>TOTAL</b> 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 1053 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. SUSAN L. ROWE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286461</b>	
Mailing Address 207 9th Avenue			Amount of Each Receipt this Period 50.00	
City Slater	State IA	Zip Code 50244		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IA CN 61/STATE OF IA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH P. RUGOLA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.284184</b>	
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 14.00	
City Columbus	State OH	Zip Code 43229		
FEC ID number of contributing federal political committee. C				
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 ▼ 2434.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH P. RUGOLA</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282177</b>	
Mailing Address 6805 Oak Creek Drive			Amount of Each Receipt this Period 200.00	
City Columbus	State OH	Zip Code 43229		
FEC ID number of contributing federal political committee. C				
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 ▼ 2634.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	264.00
<b>TOTAL</b> This Period (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 1054 OF 1358
	<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. JOSEPH P. RUGOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2734.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282233**

Amount of Each Receipt this Period  
 100.00

**B. JOSEPH P. RUGOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2748.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284214**

Amount of Each Receipt this Period  
 14.00

**C. JOSEPH P. RUGOLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2848.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282288**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	214.00
<b>TOTAL</b> This Period (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 1055 OF 1358
	<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. IDA L. RUKAVINA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5385 Twin Lakes Loop

City Aurora State MN Zip Code 55705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.284533**

Amount of Each Receipt this Period  
 200.00

**B. BLAINE J RUMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 E. Glebe Road Apt. D

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECT, COMMUNICATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2336.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012

**Transaction ID : SA11AI.281693**

Amount of Each Receipt this Period  
 107.88

**C. BLAINE J RUMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 E. Glebe Road Apt. D

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECT, COMMUNICATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2443.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012

**Transaction ID : SA11AI.281885**

Amount of Each Receipt this Period  
 107.88

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	235.76
<b>TOTAL</b> This Period (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 1056 OF 1358
	<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. BLAINE J RUMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 E. Glebe Road  
Apt. D

City Alexandria State VA Zip Code 22305

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECT, COMMUNICATIONS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2551.81

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 21 / 2012  
**Transaction ID : SA11AI.282077**

Amount of Each Receipt this Period  
107.88

**B. VICKY S. RUPPERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1016 W Main Street

City Watertown State WI Zip Code 53098

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.284994**

Amount of Each Receipt this Period  
20.00

**C. VICKY S. RUPPERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1016 W Main Street

City Watertown State WI Zip Code 53098

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2012  
**Transaction ID : SA11AI.284995**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	147.88
<b>TOTAL</b> This Period (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 1057 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. VICKY S. RUPPERT</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284996</b>
Mailing Address 1016 W Main Street			Amount of Each Receipt this Period 20.00
City Watertown	State WI	Zip Code 53098	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 520.00
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B. DAVIDA RUSSELL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282557</b>
Mailing Address 3691 Fenley Road			Amount of Each Receipt this Period 7.70
City Cleveland Hts.	State OH	Zip Code 44121	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 205.50
Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY	Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVIDA RUSSELL</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.282558</b>
Mailing Address 3691 Fenley Road			Amount of Each Receipt this Period 15.40
City Cleveland Hts.	State OH	Zip Code 44121	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 220.90
Name of Employer AFSCME OH LOC 4/CUYAHOGA CNTY	Occupation BUS DRIVER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43.10
<b>TOTAL</b> This Period (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 1058 OF 1358
	<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	<input type="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. ADAMS L. RUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 949 Fairview Avenue

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283293**

Amount of Each Receipt this Period  
 12.00

**B. ADAMS L. RUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 949 Fairview Avenue

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283657**

Amount of Each Receipt this Period  
 12.00

**C. ADAMS L. RUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 949 Fairview Avenue

City Galion State OH Zip Code 44833

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284020**

Amount of Each Receipt this Period  
 12.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 36.00

**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 1059 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. VERA SAADE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284259</b>
Mailing Address 1309 Vine Street			Amount of Each Receipt this Period 24.75
City Lansing	State MI	Zip Code 48912	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 569.25
Name of Employer AFSCME MI CN 25		Occupation ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. VERA SAADE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.284307</b>
Mailing Address 1309 Vine Street			Amount of Each Receipt this Period 24.75
City Lansing	State MI	Zip Code 48912	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 594.00
Name of Employer AFSCME MI CN 25		Occupation ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEFFREY C. SABIN</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 20 / 2012 <b>Transaction ID : SA11AI.284494</b>
Mailing Address 624 Cleveland Street			Amount of Each Receipt this Period 49.94
City Eveleth	State MN	Zip Code 55734	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 599.28
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.44
<b>TOTAL</b> This Period (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 1060 OF 1358
	<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. GEORGE SACHARIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 126 S. Lynn Blvd.

City Upper Darby State PA Zip Code 19082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **877.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2012**

**Transaction ID : SA11AI.282703**

Amount of Each Receipt this Period  
**73.16**

**B. CARRIE B. SACHSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Hershey Road

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **591.78**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 29 / 2012**

**Transaction ID : SA11AI.281694**

Amount of Each Receipt this Period  
**28.38**

**C. CARRIE B. SACHSE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Hershey Road

City Erie State PA Zip Code 16506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **620.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 11 / 2012**

**Transaction ID : SA11AI.281886**

Amount of Each Receipt this Period  
**28.38**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **129.92**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1061 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. CARRIE B. SACHSE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3506 Hershey Road  
 City Erie State PA Zip Code 16506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZER  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **648.54**

Date of Receipt **12 / 21 / 2012**  
**Transaction ID : SA11AI.282078**  
 Amount of Each Receipt this Period **28.38**

**B. ELIGA SACKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **253.00**

Date of Receipt **12 / 10 / 2012**  
**Transaction ID : SA11AI.285801**  
 Amount of Each Receipt this Period **11.00**

**C. ELIGA SACKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson Street SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **264.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286077**  
 Amount of Each Receipt this Period **11.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.38</b>
<b>TOTAL</b> This Period (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 1062 OF 1358
	<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. ERIK SACKSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10828 Forest Avenue S.

City Seattle	State WA	Zip Code 98178
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285802**

Amount of Each Receipt this Period  
100.00

**B. ERIK SACKSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 10828 Forest Avenue S.

City Seattle	State WA	Zip Code 98178
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286078**

Amount of Each Receipt this Period  
100.00

**C. CURTIS C. SALOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 4th Avenue S E

City Independence	State IA	Zip Code 50644
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286592**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (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 1063 OF 1358
	<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. CURTIS C. SALOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 4th Avenue S E  
City Independence State IA Zip Code 50644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.286462**  
Amount of Each Receipt this Period **25.00**

**B. KYM S. SALOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 4th Avenue S E  
City Independence State IA Zip Code 50644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **315.00**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286593**  
Amount of Each Receipt this Period **60.00**

**C. KYM S. SALOW**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 4th Avenue S E  
City Independence State IA Zip Code 50644  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **330.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.286463**  
Amount of Each Receipt this Period **15.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1064 OF 1358
<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. JOHN SALSBURY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 65793

City Washington	State DC	Zip Code 20035
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COMMUNICATION MANAGER
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **787.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281695**

Amount of Each Receipt this Period  

36.15
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**B. JOHN SALSBURY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 65793

City Washington	State DC	Zip Code 20035
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COMMUNICATION MANAGER
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **823.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281887**

Amount of Each Receipt this Period  

36.15
-------

**C. JOHN SALSBURY**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 65793

City Washington	State DC	Zip Code 20035
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COMMUNICATION MANAGER
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **860.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282079**

Amount of Each Receipt this Period  

36.15
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.45</b>
<b>TOTAL</b> This Period (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 1065 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PATRIA L. SAMPSON</b>		Date of Receipt
Mailing Address 2700 Maple Street Unit C121		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Bremerton	State WA	Zip Code 98310
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285803</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="460.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PATRIA L. SAMPSON</b>		Date of Receipt
Mailing Address 2700 Maple Street Unit C121		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Bremerton	State WA	Zip Code 98310
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286079</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="480.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN ROB SANBORN JR.</b>		Date of Receipt
Mailing Address 13334 Silverod Court NW		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Andover	State MN	Zip Code 55304
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286840</b>
Name of Employer AFSCME MN CN 5/MRA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 1066 OF 1358
	<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	<input type="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. JOHN ROB SANBORN JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 13334 Silverod Court NW

City Andover State MN Zip Code 55304

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/MRA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 27 / 2012  
Transaction ID : SA11AI.286858

Amount of Each Receipt this Period 140.00

**B. RACHEL B. SANBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 CLOVER DRIVE

City WEST HARTFORD State CT Zip Code 06110

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt 11 / 27 / 2012  
Transaction ID : SA11AI.287460

Amount of Each Receipt this Period 8.40

**C. RACHEL B. SANBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 27 CLOVER DRIVE

City WEST HARTFORD State CT Zip Code 06110

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 07 / 2012  
Transaction ID : SA11AI.287461

Amount of Each Receipt this Period 8.40

**SUBTOTAL** of Receipts This Page (optional).....▶ 156.80

**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 1067 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RACHEL B. SANBORN</b>			Date of Receipt
Mailing Address 27 CLOVER DRIVE			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287462</b>
WEST HARTFORD	CT	06110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.40"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ISABEL C. SANCHEZ</b>			Date of Receipt
Mailing Address 33353 Cameo Lane			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286948</b>
Wildomar	CA	92595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME CA CN 36/PUBLIC TRANSP.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="330.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ISABEL C. SANCHEZ</b>			Date of Receipt
Mailing Address 33353 Cameo Lane			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286957</b>
Wildomar	CA	92595	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME CA CN 36/PUBLIC TRANSP.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="58.40"/>
<b>TOTAL</b> 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 1068 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOSE SANCHEZ</b>		Date of Receipt
Mailing Address 514 Shatto Place 3rd Floor		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90020
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286966</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME CA CN 36	STAFF REPRESENTATIVE	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="216.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ATHA L. SANDERS</b>		Date of Receipt
Mailing Address 189 Park Avenue Apt. 1		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Delaware	OH	43015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283200</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ATHA L. SANDERS</b>		Date of Receipt
Mailing Address 189 Park Avenue Apt. 1		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Delaware	OH	43015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.283568</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="50.00"/>
<b>TOTAL</b> 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 1069 OF 1358
	<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. ATHA L. SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 189 Park Avenue  
Apt. 1

City Delaware State OH Zip Code 43015

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 28 / 2012  
Transaction ID : SA11AI.283931

Amount of Each Receipt this Period  
10.00

**B. HERBERT SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
12 / 06 / 2012  
Transaction ID : SA11AI.284260

Amount of Each Receipt this Period  
10.50

**C. HERBERT SANDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N Washington Avenue

City Lansing State MI Zip Code 48906

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 19 / 2012  
Transaction ID : SA11AI.284308

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 31.00

**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 1070 OF 1358
	<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. JUNE E. SANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4304 Independence Road

City Sunnyside State WA Zip Code 98944

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285804**

Amount of Each Receipt this Period 15.00

**B. JUNE E. SANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4304 Independence Road

City Sunnyside State WA Zip Code 98944

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286080**

Amount of Each Receipt this Period 15.00

**C. WALTER SANDWALD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.50

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286199**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1071 OF 1358
	<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. WALTER SANDWALD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.286186**

Amount of Each Receipt this Period  
60.00

**B. HAIG SARAFIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285805**

Amount of Each Receipt this Period  
25.00

**C. HAIG SARAFIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286081**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1072 OF 1358
	<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. WILBERT R. SATTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 73981 Morgan Hill Road

City Adena	State OH	Zip Code 43901
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283202**

Amount of Each Receipt this Period  
20.00

**B. WILBERT R. SATTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 73981 Morgan Hill Road

City Adena	State OH	Zip Code 43901
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283570**

Amount of Each Receipt this Period  
20.00

**C. WILBERT R. SATTLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 73981 Morgan Hill Road

City Adena	State OH	Zip Code 43901
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283933**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (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 1073 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RODNEY SAUER</b>			Date of Receipt
Mailing Address 1212 Jefferson Street SE			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285806</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RODNEY SAUER</b>			Date of Receipt
Mailing Address 1212 Jefferson Street SE			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286082</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LEE A. SAUNDERS</b>			Date of Receipt
Mailing Address 7510 Alaska Avenue NW			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281696</b>
Washington	DC	20012	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="122.92"/>
Name of Employer	Occupation		
AFSCME INT'L	PRESIDENT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2779.84"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="142.92"/>
<b>TOTAL</b> 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 1074 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. LEE A. SAUNDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7510 Alaska Avenue NW

City Washington	State DC	Zip Code 20012
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation PRESIDENT
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2902.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281888**

Amount of Each Receipt this Period  
122.92

**B. LEE A. SAUNDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7510 Alaska Avenue NW

City Washington	State DC	Zip Code 20012
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation PRESIDENT
----------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3025.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282080**

Amount of Each Receipt this Period  
122.92

**C. MARIANNE SAUNDERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 Mullen Street

City Uniontown	State PA	Zip Code 15401-4060
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
877.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282704**

Amount of Each Receipt this Period  
73.16

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	319.00
<b>TOTAL</b> This Period (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 1075 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. SHELLIE A. SAVAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11540 Waddell Creek Rd. SW  
 City Olympia State WA Zip Code 98512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **690.00**

Date of Receipt **12 / 10 / 2012**  
**Transaction ID : SA11AI.285807**  
 Amount of Each Receipt this Period **30.00**

**B. SHELLIE A. SAVAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11540 Waddell Creek Rd. SW  
 City Olympia State WA Zip Code 98512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286083**  
 Amount of Each Receipt this Period **30.00**

**C. MARY ANN SAYTAR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 609 Penn Street  
 City Steelton State PA Zip Code 17113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **617.06**

Date of Receipt **12 / 12 / 2012**  
**Transaction ID : SA11AI.282705**  
 Amount of Each Receipt this Period **85.16**

**SUBTOTAL** of Receipts This Page (optional)..... **145.16**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1076 OF 1358
	(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"/> 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. LAWRENCE SCANLON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1108 Duke Street

City Alexandria	State VA	Zip Code 22314-3514
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET	Occupation RETIREE
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1127.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.282131**

Amount of Each Receipt this Period  
48.41

**B. BELINDA R. SCAVONE-MARTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286594**

Amount of Each Receipt this Period  
38.48

**C. BELINDA R. SCAVONE-MARTIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286464**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.51
<b>TOTAL</b> This Period (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 1077 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KRISTIN SCHAEFER-WEISS</b>			Date of Receipt
Mailing Address 302 E NORTH ST			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287635</b>
CAMBRIDGE	WI	52523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KRISTIN SCHAEFER-WEISS</b>			Date of Receipt
Mailing Address 302 E NORTH ST			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287636</b>
CAMBRIDGE	WI	52523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TANYA R. SCHEIB</b>			Date of Receipt
Mailing Address 205 North Michigan Avenue			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285432</b>
Chicago	IL	60601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.44"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.06"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.44"/>
<b>TOTAL</b> 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 1078 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TANYA R. SCHEIB</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285553</b>	
Mailing Address 205 North Michigan Avenue			Amount of Each Receipt this Period 20.44	
City Chicago	State IL	Zip Code 60601		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31/STATE OF IL		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.50		

Full Name (Last, First, Middle Initial) <b>B. RUSSELL W. SCHEIDLER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.286688</b>	
Mailing Address 1099 Albemarle Street			Amount of Each Receipt this Period 20.00	
City St. Paul	State MN	Zip Code 55117		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. RUSSELL W. SCHEIDLER</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.286744</b>	
Mailing Address 1099 Albemarle Street			Amount of Each Receipt this Period 20.00	
City St. Paul	State MN	Zip Code 55117		
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 ▼ 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.44
<b>TOTAL</b> This Period (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 1079 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. REBECCA L. SCHESNY</b>			Date of Receipt
Mailing Address 4501 LEO DR			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287641</b>
MADISON	WI	53716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. REBECCA L. SCHESNY</b>			Date of Receipt
Mailing Address 4501 LEO DR			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287640</b>
MADISON	WI	53716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. REBECCA L. SCHESNY</b>			Date of Receipt
Mailing Address 4501 LEO DR			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287639</b>
MADISON	WI	53716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WI CN 40	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="60.00"/>
<b>TOTAL</b> 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 1080 OF 1358
	<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. JAMES SCHMITZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 6437 Rock Forest Drive  
#305

City Bethesda State MD Zip Code 20817

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.282132**

Amount of Each Receipt this Period  
100.00

**B. ALBERT SCHNAUFER**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 South Flower  
#65

City Orange State CA Zip Code 92868

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36 Occupation BUSINESS REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 541.44

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286967**

Amount of Each Receipt this Period  
30.00

**C. GREGORY F. SCHNEIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 40980 Rodger Mt. Loop

City Scio State OR Zip Code 97374

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2012  
**Transaction ID : SA11AI.285100**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 1081 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. GREGORY F. SCHNEIDER</b>			Date of Receipt
Mailing Address 40980 Rodger Mt. Loop			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285122</b>
Scio	OR	97374	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OR CN 75	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="235.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CARLA J. SCHOCH</b>			Date of Receipt
Mailing Address 5730 Sinclair Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283204</b>
Columbus	OH	43229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	TAX COMMISSIONER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CARLA J. SCHOCH</b>			Date of Receipt
Mailing Address 5730 Sinclair Road			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283572</b>
Columbus	OH	43229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	TAX COMMISSIONER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1082 OF 1358
	<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. CARLA J. SCHOCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5730 Sinclair Road

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TAX COMMISSIONER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283935**

Amount of Each Receipt this Period 10.00

**B. DANIEL SCHOONOVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1811 Fairview Street NE

City Olympia State WA Zip Code 98506

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.286187**

Amount of Each Receipt this Period 10.00

**C. DARL D. SCHOSSOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 1910 2nd Avenue P.O. Box 189

City Newport State MN Zip Code 55055-0189

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.286689**

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1083 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. DARL D. SCHOSSOW**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1910 2nd Avenue  
 P.O. Box 189  
 City State Zip Code  
 Newport MN 55055-0189  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286745**  
 Amount of Each Receipt this Period  
 200.00

**B. DAWN M. SCHOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 E Holum Street  
 City State Zip Code  
 De Forest WI 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284997**  
 Amount of Each Receipt this Period  
 20.00

**C. DAWN M. SCHOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 E Holum Street  
 City State Zip Code  
 De Forest WI 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2012  
**Transaction ID : SA11AI.284998**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (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 1084 OF 1358  
(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. DAWN M. SCHOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 405 E Holum Street  
 City State Zip Code  
 De Forest WI 53532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 24/STATE OF WI STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.284999**  
 Amount of Each Receipt this Period  
 20.00

**B. PAUL SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Gaskill Avenue  
 City State Zip Code  
 Trenton NJ 08610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME NJ CN 73 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287549**  
 Amount of Each Receipt this Period  
 10.00

**C. PAUL SCHROEDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Gaskill Avenue  
 City State Zip Code  
 Trenton NJ 08610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME NJ CN 73 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.287547**  
 Amount of Each Receipt this Period  
 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1085 OF 1358
	<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. PAUL SCHROEDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Gaskill Avenue

City State Zip Code  
Trenton NJ 08610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME NJ CN 73 STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.287548**

Amount of Each Receipt this Period  
15.00

**B. KENNETH C. SCHROTH JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 Martin Road

City State Zip Code  
Indiana PA 15701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME PA CN 13/STATE OF PA STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2012  
**Transaction ID : SA11AI.282862**

Amount of Each Receipt this Period  
20.00

**C. ERIC SCHUBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 132 College Avenue

City State Zip Code  
Elmhurst PA 18416

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 ▼  
799.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2012  
**Transaction ID : SA11AI.282711**

Amount of Each Receipt this Period  
101.55

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 136.55

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1086 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LINDSAY M. SCHWAB</b>		Date of Receipt
Mailing Address 1532 Hague Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
St. Paul	MN	55104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286812</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. LINDSAY M. SCHWAB</b>		Date of Receipt
Mailing Address 1532 Hague Avenue		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
St. Paul	MN	55104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286783</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. LINDSAY M. SCHWAB</b>		Date of Receipt
Mailing Address 1532 Hague Avenue		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
St. Paul	MN	55104
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286798</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/HENNEPIN COUNTY	STAFF REPRESENTATIVE	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
<b>TOTAL</b> 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 1087 OF 1358
	<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. MARY SCHWANGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 419 Valley Street

City Marysville	State PA	Zip Code 17053
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1505.18

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282712**

Amount of Each Receipt this Period  
115.68

**B. EDWARD SCHWARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N. Michigan Avenue

City Chicago	State IL	Zip Code 60601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CHILD PROTECTION SPED
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
411.66

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285433**

Amount of Each Receipt this Period  
20.84

**C. EDWARD SCHWARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 205 N. Michigan Avenue

City Chicago	State IL	Zip Code 60601
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CHILD PROTECTION SPED
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
422.08

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285554**

Amount of Each Receipt this Period  
10.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.94
<b>TOTAL</b> This Period (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 1088 OF 1358
	<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. PAUL D. SCHWARZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 24 N. Munsterman

City Appleton State MN Zip Code 56208

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 214.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284535**

Amount of Each Receipt this Period  
 18.00

**B. FRAN SCHWEIGERT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5356

City Helena State MT Zip Code 59604

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MT CN 9 Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286917**

Amount of Each Receipt this Period  
 80.00

**C. FRAN SCHWEIGERT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 5356

City Helena State MT Zip Code 59604

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MT CN 9 Occupation PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.286918**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 138.00

**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 1089 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. MARY SCOON</b>		Date of Receipt
Mailing Address 8033 Excelsior Drive #B		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287644</b>
Name of Employer AFSCME WI CN 40		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MARY SCOON</b>		Date of Receipt
Mailing Address 8033 Excelsior Drive #B		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287642</b>
Name of Employer AFSCME WI CN 40		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>C. GAIL M. SCOTT</b>		Date of Receipt
Mailing Address 751 Bulen Avenue		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Columbus	State OH	Zip Code 43205
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284365</b>
Name of Employer AFSCME OH CN 8		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="40.32"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="438.98"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="100.32"/>
<b>TOTAL</b> 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 1090 OF 1358
<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. JESSIE M. SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13886

City Columbus	State OH	Zip Code 43213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK I
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1136.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283206**

Amount of Each Receipt this Period  
35.00

**B. JESSIE M. SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13886

City Columbus	State OH	Zip Code 43213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK I
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1171.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283574**

Amount of Each Receipt this Period  
35.00

**C. JESSIE M. SCOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 13886

City Columbus	State OH	Zip Code 43213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK I
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1206.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283937**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (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 1091 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. MERVIS SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287521</b>
Mailing Address 41 West New Street		Amount of Each Receipt this Period 300.00
City Rockaway	State NJ	Zip Code 07866-0000
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME NJ CN 52	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. MERVIS SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.287520</b>
Mailing Address 41 West New Street		Amount of Each Receipt this Period 60.00
City Rockaway	State NJ	Zip Code 07866-0000
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME NJ CN 52	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA L. SCOTT</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 04 / 2012 <b>Transaction ID : SA11AI.282559</b>
Mailing Address 513 Navaho Drive		Amount of Each Receipt this Period 38.48
City Loveland	State OH	Zip Code 45140
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME OH LOC 4/SYCAMORE CCSD	Occupation BUS DRIVER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 464.80	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.48
<b>TOTAL</b> This Period (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 1092 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. VIRGINIA L. SCOTT</b>			Date of Receipt
Mailing Address 513 Navaho Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282560</b>
Loveland	OH	45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/SYCAMORE CCSD	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="484.04"/>		

Full Name (Last, First, Middle Initial) <b>B. VIRGINIA L. SCOTT</b>			Date of Receipt
Mailing Address 513 Navaho Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282561</b>
Loveland	OH	45140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="19.24"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/SYCAMORE CCSD	BUS DRIVER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="503.28"/>		

Full Name (Last, First, Middle Initial) <b>C. SHARON ANN SCROGGINS</b>			Date of Receipt
Mailing Address 3900 E. Sunset Road #1134			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281697</b>
Las Vegas	NV	89120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="30.74"/>
Name of Employer	Occupation		
AFSCME INT'L	FIELD ADMINISTRATIVE ASSISTANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="667.03"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="69.22"/>
<b>TOTAL</b> 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 1093 OF 1358
	<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. SHARON ANN SCROGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 E. Sunset Road #1134  
 City Las Vegas State NV Zip Code 89120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 697.77

Date of Receipt 12 / 11 / 2012  
**Transaction ID : SA11AI.281889**  
 Amount of Each Receipt this Period 30.74

**B. SHARON ANN SCROGGINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3900 E. Sunset Road #1134  
 City Las Vegas State NV Zip Code 89120  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 728.51

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.282081**  
 Amount of Each Receipt this Period 30.74

**C. CHARLES SCUDDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 W. Ostend Street Suite 101  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.284454**  
 Amount of Each Receipt this Period 55.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 116.48  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1094 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SHELLEY K. SEEBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281698</b>		
Mailing Address 13096 Charlston Way			Amount of Each Receipt this Period 46.26		
City Rosemount	State MN	Zip Code 55068			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1037.72			

Full Name (Last, First, Middle Initial) <b>B. SHELLEY K. SEEBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281890</b>		
Mailing Address 13096 Charlston Way			Amount of Each Receipt this Period 46.26		
City Rosemount	State MN	Zip Code 55068			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1083.98			

Full Name (Last, First, Middle Initial) <b>C. SHELLEY K. SEEBERG</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282082</b>		
Mailing Address 13096 Charlston Way			Amount of Each Receipt this Period 46.26		
City Rosemount	State MN	Zip Code 55068			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1130.24			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	138.78
<b>TOTAL</b> This Period (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 1095 OF 1358
	<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. JOHN SEFERIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Foxhall Road NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHAIRPERSON, JUDICIAL PANEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **448.22**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281699**

Amount of Each Receipt this Period **13.30**

**B. JOHN SEFERIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Foxhall Road NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHAIRPERSON, JUDICIAL PANEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281891**

Amount of Each Receipt this Period **13.30**

**C. JOHN SEFERIAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Foxhall Road NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation CHAIRPERSON, JUDICIAL PANEL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **474.82**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282083**

Amount of Each Receipt this Period **13.30**

**SUBTOTAL** of Receipts This Page (optional)..... **39.90**

**TOTAL** This Period (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 1096 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. STEVEN SEGALL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285808</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="241.50"/>	

Full Name (Last, First, Middle Initial) <b>B. STEVEN SEGALL</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286084</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>C. RUTH SEID</b>		Date of Receipt
Mailing Address 8036 Noble Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Van Nuys	State CA	Zip Code 61402
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287033</b>
Name of Employer AFSCME CA CN 36/CITY OF LA		Amount of Each Receipt this Period
Occupation PSYCHIATRIC SOCIAL WORKER		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="262.32"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="46.00"/>
<b>TOTAL</b> 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 1097 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. RUTH SEID</b>			Date of Receipt
Mailing Address 8036 Noble Avenue			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286981</b>
Van Nuys	CA	61402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
AFSCME CA CN 36/CITY OF LA	PSYCHIATRIC SOCIAL WORKER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="274.82"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RUTH SEID</b>			Date of Receipt
Mailing Address 8036 Noble Avenue			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287000</b>
Van Nuys	CA	61402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.50"/>
Name of Employer	Occupation		
AFSCME CA CN 36/CITY OF LA	PSYCHIATRIC SOCIAL WORKER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="287.32"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ELIOT A. SEIDE</b>			Date of Receipt
Mailing Address 300 Hardman Avenue South			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284185</b>
South St. Paul	MN	55075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="14.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/CN14	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1175.02"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="39.00"/>
<b>TOTAL</b> 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 1098 OF 1358  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. ELIOT A. SEIDE**

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1189.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284215**

Amount of Each Receipt this Period  
14.00

Full Name (Last, First, Middle Initial)  
**B. ELIOT A. SEIDE**

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1281.84

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 20 / 2012  
**Transaction ID : SA11AI.284495**

Amount of Each Receipt this Period  
92.82

Full Name (Last, First, Middle Initial)  
**C. MARC SEIDEN**

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MD CN 67 STAFF REPRESENTATIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
513.13

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2012  
**Transaction ID : SA11AI.284423**

Amount of Each Receipt this Period  
44.62

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 151.44

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1099 OF 1358
	<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. DELLA SELNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 757 Mickey Inn Lane

City Chambersburg	State PA	Zip Code 17202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282784**

Amount of Each Receipt this Period  
20.00

**B. DELLA SELNER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 757 Mickey Inn Lane

City Chambersburg	State PA	Zip Code 17202
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282863**

Amount of Each Receipt this Period  
20.00

**C. LORNA P. SERAFIN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7519 Laurel Grove Court

City North Hollywood	State CA	Zip Code 91605
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE	Occupation NURSE
---	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287317**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 1100 OF 1358
	<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. LORNA P. SERAFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7519 Laurel Grove Court

City North Hollywood State CA Zip Code 91605

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287201**

Amount of Each Receipt this Period  
 20.00

**B. LORNA P. SERAFIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7519 Laurel Grove Court

City North Hollywood State CA Zip Code 91605

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.287289**

Amount of Each Receipt this Period  
 20.00

**C. JERRY SERFLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 2388 Hidden Valley Lane

City Stillwater State MN Zip Code 55082

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L/STATE STREET Occupation RETIREE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.282133**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1101 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PEDRO SERNA</b>		Date of Receipt
Mailing Address 2721 4th Avenue #538		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Seattle	State WA	Zip Code 98121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285809</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>B. PEDRO SERNA</b>		Date of Receipt
Mailing Address 2721 4th Avenue #538		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Seattle	State WA	Zip Code 98121
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286085</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. TANYA C. SERRELL</b>		Date of Receipt
Mailing Address 2327 Dunkirk Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Columbus	State OH	Zip Code 43219
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284052</b>
Name of Employer AFSCME OH LOC 11/STATE OF OH		Amount of Each Receipt this Period
Occupation JUVENILE CORRECTION OFFICER		<input type="text" value="15.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="590.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="35.00"/>
<b>TOTAL</b> 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 1102 OF 1358
	<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. TANYA C. SERRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 Dunkirk Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283207**

Amount of Each Receipt this Period 30.00

**B. TANYA C. SERRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 Dunkirk Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283575**

Amount of Each Receipt this Period 30.00

**C. TANYA C. SERRELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2327 Dunkirk Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283938**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1103 OF 1358
	<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. DEBORAH SEYBOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 S Columbus Avenue  
 Unit 29  
 City Goldendale State WA Zip Code 98620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285810**  
 Amount of Each Receipt this Period  
 10.00

**B. DEBORAH SEYBOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1500 S Columbus Avenue  
 Unit 29  
 City Goldendale State WA Zip Code 98620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286086**  
 Amount of Each Receipt this Period  
 10.00

**C. MICHELLE A SFORZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 415 U Street NW  
 City Washington State DC Zip Code 20001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, CORPORATE AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1143.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281700**  
 Amount of Each Receipt this Period  
 52.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.50
<b>TOTAL</b> This Period (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 1104 OF 1358
	<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. MICHELLE A SFORZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 U Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, CORPORATE AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1196.30**

Date of Receipt **12 / 11 / 2012**  
Transaction ID : **SA11AI.281892**

Amount of Each Receipt this Period **52.50**

**B. MICHELLE A SFORZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 415 U Street NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASST. DIRECTOR, CORPORATE AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1248.80**

Date of Receipt **12 / 21 / 2012**  
Transaction ID : **SA11AI.282084**

Amount of Each Receipt this Period **52.50**

**C. DOMINIC SGRO**  
Full Name (Last, First, Middle Initial)

Mailing Address 144 Stormer Road

City Indiana State PA Zip Code 15701-0144

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1437.74**

Date of Receipt **12 / 12 / 2012**  
Transaction ID : **SA11AI.282713**

Amount of Each Receipt this Period **144.60**

**SUBTOTAL** of Receipts This Page (optional)..... **249.60**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1105 OF 1358  
(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. TIMOTHY P. SHAFER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P. O. Box 322  
 City State Zip Code  
 Waverly OH 45690  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282919**  
 Amount of Each Receipt this Period  
 105.00

**B. DIANE SHANNON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Beacon Street  
 City State Zip Code  
 Boston MA 02108-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MA CN 93 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284513**  
 Amount of Each Receipt this Period  
 50.00

**C. JOE E. SHANNON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1614 Omar Drive  
 City State Zip Code  
 Columbus OH 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH ODJFS CUSTOMER SERVICE REP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.284053**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**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 1106 OF 1358
	<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. JOE E. SHANNON III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1614 Omar Drive

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **515.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283209**

Amount of Each Receipt this Period  

25.00
-------

**B. JOE E. SHANNON III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1614 Omar Drive

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283577**

Amount of Each Receipt this Period  

25.00
-------

**C. JOE E. SHANNON III**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1614 Omar Drive

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ODJFS CUSTOMER SERVICE REP
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283940**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (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 1107 OF 1358  
(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. SABRINA SHAPIRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Newport Bridge Road  
 City Warwick State NY Zip Code 10990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/ORANGE CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286342**  
 Amount of Each Receipt this Period 10.00

**B. SABRINA SHAPIRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Newport Bridge Road  
 City Warwick State NY Zip Code 10990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/ORANGE CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.286343**  
 Amount of Each Receipt this Period 10.00

**C. SABRINA SHAPIRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 Newport Bridge Road  
 City Warwick State NY Zip Code 10990  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/ORANGE CNTY Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286344**  
 Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 OF 1358  
(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. BETHANY D. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 Friendly Ridge Road  
 City State Zip Code  
 Crown City OH 45623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283211**  
 Amount of Each Receipt this Period  
 25.00

**B. BETHANY D. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 Friendly Ridge Road  
 City State Zip Code  
 Crown City OH 45623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 565.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283579**  
 Amount of Each Receipt this Period  
 25.00

**C. BETHANY D. SHEETS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 Friendly Ridge Road  
 City State Zip Code  
 Crown City OH 45623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 11/STATE OF OH THERAPUTIC PROGRAM TECH  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 590.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283942**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1109 OF 1358
	<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. PAMELA S. SHELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4471 North Leavitt Road NW

City Warren	State OH	Zip Code 44485
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.33**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284366**

Amount of Each Receipt this Period  

9.50
------

**B. SANDRA SHELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Irongate Lane

City Columbus	State OH	Zip Code 43213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TAX COMMISSIONER
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283213**

Amount of Each Receipt this Period  

10.00
-------

**C. SANDRA SHELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Irongate Lane

City Columbus	State OH	Zip Code 43213
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation TAX COMMISSIONER
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283581**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>29.50</b>
<b>TOTAL</b> This Period (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 1110 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. SANDRA SHELTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1090 Irongate Lane

City Columbus State OH Zip Code 43213

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TAX COMMISSIONER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283944**

Amount of Each Receipt this Period 10.00

**B. JOHN M. SHEPPARD JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2015 20th Street NE

City Canton State OH Zip Code 44705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282563**

Amount of Each Receipt this Period 19.24

**C. KATHLEEN SHERRILL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2396 Niagara

City Troy State MI Zip Code 48083

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284261**

Amount of Each Receipt this Period 10.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 39.74

**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 1111 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. KATHLEEN SHERRILL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2396 Niagara  
 City Troy State MI Zip Code 48083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284309**  
 Amount of Each Receipt this Period  
 10.50

**B. MARCUS E. SHERROD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2073 Henley Road  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285434**  
 Amount of Each Receipt this Period  
 50.00

**C. MARCUS E. SHERROD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2073 Henley Road  
 City Springfield State IL Zip Code 62702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285555**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.50
<b>TOTAL</b> This Period (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 1112 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LISA A. SHILLING</b>			Date of Receipt
Mailing Address 521 E Church Street			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284059</b>
Galion	OH	44833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="28.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER REP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="228.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. LISA A. SHILLING</b>			Date of Receipt
Mailing Address 521 E Church Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283296</b>
Galion	OH	44833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER REP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="238.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. LISA A. SHILLING</b>			Date of Receipt
Mailing Address 521 E Church Street			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283659</b>
Galion	OH	44833	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER REP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="248.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="48.00"/>
<b>TOTAL</b> 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 1113 OF 1358
	<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. LISA A. SHILLING**  
Full Name (Last, First, Middle Initial)

Mailing Address 521 E Church Street

City	State	Zip Code
Galion	OH	44833

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284022**

Amount of Each Receipt this Period  

68.24
-------

**10.00**

**B. GARY SHIMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 Marcy Street

City	State	Zip Code
Warren	MI	48091

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MI CN 25	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **669.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284262**

Amount of Each Receipt this Period  

29.12
-------

**29.12**

**C. GARY SHIMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5421 Marcy Street

City	State	Zip Code
Warren	MI	48091

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MI CN 25	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **698.88**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284310**

Amount of Each Receipt this Period  

29.12
-------

**29.12**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>68.24</b>
<b>TOTAL</b> This Period (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 1114 OF 1358
	<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. JOSEPH M. SHIMKO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 645

City Grindstone State PA Zip Code 15442

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282785**

Amount of Each Receipt this Period 20.00

**B. JOSEPH M. SHIMKO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 645

City Grindstone State PA Zip Code 15442

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282864**

Amount of Each Receipt this Period 20.00

**C. SANDRA S. SHONBORN**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 123

City Jacksonville State OH Zip Code 45740

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 959.21

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284367**

Amount of Each Receipt this Period 87.32

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 127.32

**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 1115 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. SHANE E. SHOOK</b>			Date of Receipt
Mailing Address P.O. Box 8212			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286597</b>
Des Moines	IA	50301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SHANE E. SHOOK</b>			Date of Receipt
Mailing Address P.O. Box 8212			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286467</b>
Des Moines	IA	50301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GARY D. SHOUP</b>			Date of Receipt
Mailing Address 1275 Coal Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282786</b>
New Florence	PA	15944	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> 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 1116 OF 1358
	<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. GARY D. SHOUP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1275 Coal Road

City New Florence	State PA	Zip Code 15944
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA11AI.282865**

Amount of Each Receipt this Period  
20.00

**B. CRYSTAL SHREFFLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg	State PA	Zip Code 17111-1599
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
435.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282701**

Amount of Each Receipt this Period  
44.43

**C. CHRISTINE A. SHUGART**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 SUMMER DRIVE

City SOUTHWICK	State MA	Zip Code 01077
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287465**

Amount of Each Receipt this Period  
8.40

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.83
<b>TOTAL</b> This Period (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 1117 OF 1358	
	<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. CHRISTINE A. SHUGART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 SUMMER DRIVE

City SOUTHWICK	State MA	Zip Code 01077
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

**Transaction ID : SA11AI.287466**

Amount of Each Receipt this Period  
8.40

**B. CHRISTINE A. SHUGART**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 SUMMER DRIVE

City SOUTHWICK	State MA	Zip Code 01077
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
218.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287467**

Amount of Each Receipt this Period  
8.40

**C. TRACY L. SHULL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 126 Milford Street

City Toledo	State OH	Zip Code 43605
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/OREGON BOE	Occupation CUSTODIAN
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
206.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282567**

Amount of Each Receipt this Period  
20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	37.64
<b>TOTAL</b> This Period (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 1118 OF 1358
	<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**

Full Name (Last, First, Middle Initial)  
**A. CARMYN L. SHUTE**

Mailing Address 300 E Uncas Road

City Port Townsend	State WA	Zip Code 98368
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286087**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. JASON T. SIDENER**

Mailing Address 5583 Bantry Lane #1

City Madison	State WI	Zip Code 53717
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
605.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287646**

Amount of Each Receipt this Period  
110.00

Full Name (Last, First, Middle Initial)  
**C. JASON T. SIDENER**

Mailing Address 5583 Bantry Lane #1

City Madison	State WI	Zip Code 53717
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
660.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.287645**

Amount of Each Receipt this Period  
55.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1119 OF 1358
	<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. STEVE SIEGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 411 North Court

City Ottumwa State IA Zip Code 52501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.284402**

Amount of Each Receipt this Period  
 40.00

**B. ALBERT V. SIEPKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1914 2nd Street

City Perry State IA Zip Code 50220

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation BOOKKEEPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012

**Transaction ID : SA11AI.284403**

Amount of Each Receipt this Period  
 16.68

**C. ROWENA L. SILVA**  
Full Name (Last, First, Middle Initial)

Mailing Address 888 Mililani Street Suite 601

City Honolulu State HI Zip Code 96813-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012

**Transaction ID : SA11AI.285072**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.68

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1120 OF 1358  
(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. CARLA SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City State Zip Code  
 New Britain CT 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4 ADMINISTRATIVE ASSISTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287393**  
 Amount of Each Receipt this Period  
 60.00

**B. CARLA SIMMONS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 444 East Main Street  
 City State Zip Code  
 New Britain CT 06051-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME CT CN 4 ADMINISTRATIVE ASSISTANT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.287392**  
 Amount of Each Receipt this Period  
 30.00

**C. BETTY J. SIMMONS-TALLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2189 Lexington Avenue  
 City State Zip Code  
 Columbus OH 43211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 4/COLUMBUS CITY BUS DRIVER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 690.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.282322**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.00  
**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 1121 OF 1358
	(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**

Full Name (Last, First, Middle Initial) <b>A. BETTY J. SIMMONS-TALLEY</b>		Date of Receipt
Mailing Address 2189 Lexington Avenue		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43211
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282353</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="715.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ISSA J. SIMPSON</b>		Date of Receipt
Mailing Address 1139 S.E. 16th Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97214-3705
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285101</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75	OFFICE SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="660.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ISSA J. SIMPSON</b>		Date of Receipt
Mailing Address 1139 S.E. 16th Avenue		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Portland	OR	97214-3705
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.285123</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
Name of Employer	Occupation	
AFSCME OR CN 75	OFFICE SPECIALIST	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="720.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1122 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. APRIL SIMS</b>			Date of Receipt
Mailing Address 631 110th Street S			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284106</b>
Tacoma	WA	98444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	LPA FIELD COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. APRIL SIMS</b>			Date of Receipt
Mailing Address 631 110th Street S			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284155</b>
Tacoma	WA	98444	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	LPA FIELD COORDINATOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JOHN A. SIMS JR.</b>			Date of Receipt
Mailing Address 2162 Willamont Avenue			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283946</b>
Columbus	OH	43219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="108.00"/>
<b>TOTAL</b> 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 1123 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. DAVID M. SINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6709 NE Sumner Street  
 City Portland State OR Zip Code 97218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.285313**  
 Amount of Each Receipt this Period **200.00**

**B. TODD L. SINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 6th Avenue  
 City Steelton State PA Zip Code 17113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation ADMINISTRATIVE/CLERICAL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.282788**  
 Amount of Each Receipt this Period **40.00**

**C. TODD L. SINGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1030 6th Avenue  
 City Steelton State PA Zip Code 17113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation ADMINISTRATIVE/CLERICAL  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **540.00**

Date of Receipt **12 / 31 / 2012**  
**Transaction ID : SA11AI.282867**  
 Amount of Each Receipt this Period **40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **100.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1124 OF 1358  
(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. RACHEL Z. SISTOZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13164 Oak Farm Drive  
 City Woodbridge State VA Zip Code 22192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281702**  
 Amount of Each Receipt this Period  
 10.00

**B. RACHEL Z. SISTOZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13164 Oak Farm Drive  
 City Woodbridge State VA Zip Code 22192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281894**  
 Amount of Each Receipt this Period  
 10.00

**C. RACHEL Z. SISTOZA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13164 Oak Farm Drive  
 City Woodbridge State VA Zip Code 22192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation OFFICE ASSISTANT IV  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282086**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1125 OF 1358
	<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. ANDREW D. SKAAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 S. Douglas Avenue

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation ENGINEER
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285435**

Amount of Each Receipt this Period  
21.00

**B. ANDREW D. SKAAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 308 S. Douglas Avenue

City Springfield	State IL	Zip Code 62704
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation ENGINEER
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285556**

Amount of Each Receipt this Period  
21.00

**C. ROBERT M. SKEES**  
Full Name (Last, First, Middle Initial)

Mailing Address 643 Grandview Avenue

City Pittsburgh	State PA	Zip Code 15202
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.282789**

Amount of Each Receipt this Period  
40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.00
<b>TOTAL</b> This Period (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 1126 OF 1358
	(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"/> 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. ROBERT M. SKEES**  
Full Name (Last, First, Middle Initial)

Mailing Address 643 Grandview Avenue

City Pittsburgh State PA Zip Code 15202

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282868**

Amount of Each Receipt this Period 40.00

**B. ROBERTA J. SKOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 775 Township Road #2204

City Perrysville State OH Zip Code 44864

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 955.63

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284368**

Amount of Each Receipt this Period 87.32

**C. TERRY SKULTETY**  
Full Name (Last, First, Middle Initial)

Mailing Address 222 Meade Street

City Homer City State PA Zip Code 15748

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 798.36

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282714**

Amount of Each Receipt this Period 84.63

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.95

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1127 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SUSAN J. SLABAUGH</b>			Date of Receipt
Mailing Address 2135 Michelle Drive			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282178</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ACCOUNTING CLERK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SUSAN J. SLABAUGH</b>			Date of Receipt
Mailing Address 2135 Michelle Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282234</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ACCOUNTING CLERK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SUSAN J. SLABAUGH</b>			Date of Receipt
Mailing Address 2135 Michelle Drive			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282289</b>
Grove City	OH	43123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ACCOUNTING CLERK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1128 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY R. SLOTTOW</b>			Date of Receipt
Mailing Address 8819 Pickford Street			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287034</b>
Los Angeles	CA	90035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME CA CN 36/CITY OF LA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="210.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEFFREY R. SLOTTOW</b>			Date of Receipt
Mailing Address 8819 Pickford Street			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286984</b>
Los Angeles	CA	90035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME CA CN 36/CITY OF LA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEFFREY R. SLOTTOW</b>			Date of Receipt
Mailing Address 8819 Pickford Street			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287003</b>
Los Angeles	CA	90035	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME CA CN 36/CITY OF LA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1129 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOSHUA E. SMELTSE</b>			Date of Receipt
Mailing Address 2805 Avenue M			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286598</b>
Fort Madison	IA	52627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="41.64"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="218.61"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JOSHUA E. SMELTSE</b>			Date of Receipt
Mailing Address 2805 Avenue M			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286468</b>
Fort Madison	IA	52627	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.41"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="229.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. WALTER P. SMICK</b>			Date of Receipt
Mailing Address 4912 NE 114th Street			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285812</b>
Vancouver	WA	98686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="13.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="299.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="65.05"/>
<b>TOTAL</b> 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 1130 OF 1358
	<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. WALTER P. SMICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 4912 NE 114th Street

City Vancouver State WA Zip Code 98686

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.286088**

Amount of Each Receipt this Period **13.00**

**B. BETTY SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 19292 Archer

City Detroit State MI Zip Code 48219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation ASSISTANT TO THE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **764.98**

Date of Receipt **12 / 06 / 2012**

**Transaction ID : SA11AI.284263**

Amount of Each Receipt this Period **33.26**

**C. BETTY SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 19292 Archer

City Detroit State MI Zip Code 48219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25 Occupation ASSISTANT TO THE PRESIDENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **798.24**

Date of Receipt **12 / 19 / 2012**

**Transaction ID : SA11AI.284311**

Amount of Each Receipt this Period **33.26**

**SUBTOTAL** of Receipts This Page (optional)..... **79.52**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1131 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. CHARLES O. SMITH</b>			Date of Receipt																					
Mailing Address 319 Woodmont 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>11</td><td></td><td></td><td>30</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	11			30			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
11			30			2012																		
City State Zip Code Englewood OH 45322			<b>Transaction ID : SA11AI.283217</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>204.00</td> </tr> </table>																					204.00
									204.00															

Full Name (Last, First, Middle Initial) <b>B. CHARLES O. SMITH</b>			Date of Receipt																					
Mailing Address 319 Woodmont 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>12</td><td></td><td></td><td>14</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			14			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			14			2012																		
City State Zip Code Englewood OH 45322			<b>Transaction ID : SA11AI.283585</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>214.00</td> </tr> </table>																					214.00
									214.00															

Full Name (Last, First, Middle Initial) <b>C. CHARLES O. SMITH</b>			Date of Receipt																					
Mailing Address 319 Woodmont 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>12</td><td></td><td></td><td>28</td><td></td><td></td><td>2012</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	12			28			2012			
M	M	/	D	D	/	Y	Y	Y	Y															
12			28			2012																		
City State Zip Code Englewood OH 45322			<b>Transaction ID : SA11AI.283948</b>																					
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period																					
Name of Employer Occupation AFSCME OH LOC 11/STATE OF OH STAFF REPRESENTATIVE			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>10.00</td> </tr> </table>																					10.00
									10.00															
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Aggregate Year-to-Date ▼																					
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>224.00</td> </tr> </table>																					224.00
									224.00															

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>30.00</td> </tr> </table>																				30.00
									30.00												
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

**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 1132 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHARLESETTA M. SMITH</b>			Date of Receipt
Mailing Address 2606 Heritage Drive			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285436</b>
Champaign	IL	61822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="62.55"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	SECRETARY III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="557.55"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. CHARLESETTA M. SMITH</b>			Date of Receipt
Mailing Address 2606 Heritage Drive			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285557</b>
Champaign	IL	61822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.85"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	SECRETARY III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="578.40"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. CONNIE SMITH</b>			Date of Receipt
Mailing Address 1739 E 24th Street			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284404</b>
Capitol Heights	IA	50317	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="58.66"/>
Name of Employer	Occupation		
AFSCME IA CN 61	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="703.92"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="142.06"/>
<b>TOTAL</b> 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 1133 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. DEREK L. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012
Mailing Address 4306 Broken Arrow Court		<b>Transaction ID : SA11AI.281703</b>
City Clinton	State MD	Zip Code 20735
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.39	
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1051.74	

Full Name (Last, First, Middle Initial) <b>B. DEREK L. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2012
Mailing Address 4306 Broken Arrow Court		<b>Transaction ID : SA11AI.281895</b>
City Clinton	State MD	Zip Code 20735
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.39	
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1097.13	

Full Name (Last, First, Middle Initial) <b>C. DEREK L. SMITH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012
Mailing Address 4306 Broken Arrow Court		<b>Transaction ID : SA11AI.282087</b>
City Clinton	State MD	Zip Code 20735
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 45.39	
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, GENERAL SERVICE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1142.52	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	136.17
<b>TOTAL</b> This Period (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 1134 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KRISTIN SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4031 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 592.73

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282715**  
 Amount of Each Receipt this Period  
 60.83

**B. NEFERTITI SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 S. 16th Avenue  
 City Broadview State IL Zip Code 60155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.26

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284900**  
 Amount of Each Receipt this Period  
 83.66

**C. NEFERTITI SMITH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2013 S. 16th Avenue  
 City Broadview State IL Zip Code 60155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1003.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284719**  
 Amount of Each Receipt this Period  
 83.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	228.15
<b>TOTAL</b> This Period (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 1135 OF 1358
	<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. PEARL ALICE SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Winchester Street

City Providence	State RI	Zip Code 02904-0000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation PEOPLE COORDINATOR III
----------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **896.40**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11Al.281704**

Amount of Each Receipt this Period  

44.82
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**B. PEARL ALICE SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Winchester Street

City Providence	State RI	Zip Code 02904-0000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation PEOPLE COORDINATOR III
----------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **941.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11Al.281896**

Amount of Each Receipt this Period  

44.82
-------

**C. PEARL ALICE SMITH**  
Full Name (Last, First, Middle Initial)  
Mailing Address 116 Winchester Street

City Providence	State RI	Zip Code 02904-0000
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation PEOPLE COORDINATOR III
----------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **986.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11Al.282088**

Amount of Each Receipt this Period  

44.82
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.46</b>
<b>TOTAL</b> This Period (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 1136 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PHYLLIS SMITH</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.285813</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="241.50"/>	

Full Name (Last, First, Middle Initial) <b>B. PHYLLIS SMITH</b>		Date of Receipt
Mailing Address 1212 Jefferson St., SE Suite 300		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Olympia	State WA	Zip Code 98501
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286089</b>
Name of Employer AFSCME WA CN 28/STATE OF WA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.50"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER SMUDDE</b>		Date of Receipt
Mailing Address 1821 Clearview Drive		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284901</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation MIS SPECIALIST		<input type="text" value="73.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="806.74"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="94.34"/>
<b>TOTAL</b> 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 1137 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER SMUDE</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284720</b>		
Mailing Address 1821 Clearview Drive			Amount of Each Receipt this Period 73.34		
City Springfield	State IL	Zip Code 62704			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME IL CN 31		Occupation MIS SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 880.08			

Full Name (Last, First, Middle Initial) <b>B. BESSIE SNIDER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284264</b>		
Mailing Address 1034 N Washington Avenue			Amount of Each Receipt this Period 21.00		
City Lansing	State MI	Zip Code 48906			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 483.00			

Full Name (Last, First, Middle Initial) <b>C. BESSIE SNIDER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.284312</b>		
Mailing Address 1034 N Washington Avenue			Amount of Each Receipt this Period 21.00		
City Lansing	State MI	Zip Code 48906			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.34
<b>TOTAL</b> This Period (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 1138 OF 1358
<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. JOYCE M. SNIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1907 Easy Street

City Urbana State IL Zip Code 61802

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **479.55**

Date of Receipt **12 / 03 / 2012**

**Transaction ID : SA11AI.285437**

Amount of Each Receipt this Period **62.55**

**B. JOYCE M. SNIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1907 Easy Street

City Urbana State IL Zip Code 61802

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SECRETARY IV

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.40**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285558**

Amount of Each Receipt this Period **20.85**

**C. JOYCE SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3145 S. 3B's & K Road

City Galena State OH Zip Code 43021

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD SECRETARY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2012**

**Transaction ID : SA11AI.282179**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **103.40**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 1139 OF 1358
	(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"/> 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. JOYCE SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3145 S. 3B's & K Road

City Galena	State OH	Zip Code 43021
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282235**

Amount of Each Receipt this Period  
10.00

**B. JOYCE SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 3145 S. 3B's & K Road

City Galena	State OH	Zip Code 43021
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation FIELD SECRETARY
-------------------------------------	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282290**

Amount of Each Receipt this Period  
10.00

**C. NORMAN L. SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 Sycamore Street East #4

City St. Paul	State MN	Zip Code 55117
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY	Occupation COUNSELOR
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
586.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286841**

Amount of Each Receipt this Period  
35.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (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 1140 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. NORMAN L. SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 Sycamore Street East #4

City St. Paul State MN Zip Code 55117

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation COUNSELOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 691.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286859**

Amount of Each Receipt this Period 105.00

**B. NORMAN L. SNYDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 Sycamore Street East #4

City St. Paul State MN Zip Code 55117

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/RAMSEY COUNTY Occupation COUNSELOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 726.00

Date of Receipt 12 / 27 / 2012  
**Transaction ID : SA11AI.286842**

Amount of Each Receipt this Period 35.00

**C. JOHN SOKATCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1242 Jessie Street

City St. Paul State MN Zip Code 55130-3547

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.286690**

Amount of Each Receipt this Period 22.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 162.00

**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 1141 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. JOHN SOKATCH</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.286746</b>		
Mailing Address 1242 Jessie Street			Amount of Each Receipt this Period 22.00		
City St. Paul	State MN	Zip Code 55130-3547			
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 ▼ 254.00			

Full Name (Last, First, Middle Initial) <b>B. DARCY F. SOLAND</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.286691</b>		
Mailing Address 324 E Alcott Avenue			Amount of Each Receipt this Period 20.00		
City Fergus Falls	State MN	Zip Code 56537			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MN CN 5		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.00			

Full Name (Last, First, Middle Initial) <b>C. DARCY F. SOLAND</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.286747</b>		
Mailing Address 324 E Alcott Avenue			Amount of Each Receipt this Period 20.00		
City Fergus Falls	State MN	Zip Code 56537			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MN CN 5		Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 224.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	62.00
<b>TOTAL</b> This Period (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 1142 OF 1358  
(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. THOMAS M. SONHAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 Springs Drive  
 City Columbus State OH Zip Code 43214  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283953**  
 Amount of Each Receipt this Period  
 8.00

**B. RANDY R. SORDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286600**  
 Amount of Each Receipt this Period  
 40.00

**C. RANDY R. SORDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286470**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1143 OF 1358
	<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	<input type="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. JAIMIE SORENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem State OR Zip Code 97301

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285238**

Amount of Each Receipt this Period 20.00

**B. JAIMIE SORENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1400 Tandem Avenue NE

City Salem State OR Zip Code 97301

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285334**

Amount of Each Receipt this Period 20.00

**C. PEPITO F. SORIANO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285816**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1144 OF 1358
	<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. PEPITO F. SORIANO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286092**  
 Amount of Each Receipt this Period **100.00**

**B. DOLORES SPEARS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2023 West 31st Street  
 City Los Angeles State CA Zip Code 90018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 36 Occupation BUSINESS REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 27 / 2012**  
**Transaction ID : SA11AI.286969**  
 Amount of Each Receipt this Period **30.00**

**C. EDITHIA M. SPEARS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4690 Ascot Drive  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **752.63**

Date of Receipt **12 / 04 / 2012**  
**Transaction ID : SA11AI.284369**  
 Amount of Each Receipt this Period **60.14**

**SUBTOTAL** of Receipts This Page (optional)..... **100.14**  
**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 1145 OF 1358
	<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. JAMES L. SPEARS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7537 Claiborne Woods Road

City Charlotte	State NC	Zip Code 28216
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
741.67

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281705**

Amount of Each Receipt this Period  

34.25
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**B. JAMES L. SPEARS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7537 Claiborne Woods Road

City Charlotte	State NC	Zip Code 28216
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
775.92

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281897**

Amount of Each Receipt this Period  

34.25
-------

**C. JAMES L. SPEARS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 7537 Claiborne Woods Road

City Charlotte	State NC	Zip Code 28216
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation FIELD COORDINATOR
----------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
810.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282089**

Amount of Each Receipt this Period  

34.25
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.75
<b>TOTAL</b> This Period (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 1146 OF 1358
	(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"/> 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. MARY SPELTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address W364 Palubicki Road

City Fountain City	State WI	Zip Code 54629
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/LOCAL 2484	Occupation SOCIAL WORKER
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287649**

Amount of Each Receipt this Period  

148.00
--------

**B. MARY SPELTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address W364 Palubicki Road

City Fountain City	State WI	Zip Code 54629
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/LOCAL 2484	Occupation SOCIAL WORKER
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **472.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.287648**

Amount of Each Receipt this Period  

35.00
-------

**C. MARY SPELTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address W364 Palubicki Road

City Fountain City	State WI	Zip Code 54629
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/LOCAL 2484	Occupation SOCIAL WORKER
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **509.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.287647**

Amount of Each Receipt this Period  

37.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.00</b>
<b>TOTAL</b> This Period (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 1147 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. TAMMI SPENCE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 190 W. Ostend Street  
 Suite 101  
 City Baltimore State MD Zip Code 21230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.284455**  
 Amount of Each Receipt this Period  
 42.08

**B. HARRIETT SPENCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 49 Fulliam Circle  
 City Allenstown State NH Zip Code 03275-0000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MA CN 93 Occupation COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 473.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.284514**  
 Amount of Each Receipt this Period  
 30.00

**C. KYLE A. SPENCER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 524 North West Street  
 City Galesburg State IL Zip Code 61401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285440**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.08
<b>TOTAL</b> This Period (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 1148 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. KYLE A. SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 524 North West Street

City Galesburg	State IL	Zip Code 61401
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation CORRECTIONAL OFFICER
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285561**

Amount of Each Receipt this Period  
20.00

**B. ROBERT SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1351 Garin Avenue

City Hayward	State CA	Zip Code 94544
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57/EAST BAY PARKS	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.287715**

Amount of Each Receipt this Period  
20.00

**C. ROBERT SPENCER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1351 Garin Avenue

City Hayward	State CA	Zip Code 94544
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 57/EAST BAY PARKS	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2012

**Transaction ID : SA11AI.287713**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (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 1149 OF 1358
	<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. BEVERLY J. SPETZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Elmwood Street

City Delta	State OH	Zip Code 43515
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1443.52

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282180**

Amount of Each Receipt this Period  
116.96

**B. BEVERLY J. SPETZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Elmwood Street

City Delta	State OH	Zip Code 43515
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1502.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282236**

Amount of Each Receipt this Period  
58.48

**C. BEVERLY J. SPETZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 112 Elmwood Street

City Delta	State OH	Zip Code 43515
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation ORGANIZER
-------------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1560.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282291**

Amount of Each Receipt this Period  
58.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	233.92
<b>TOTAL</b> This Period (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 1150 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. JOHN SPIEGELHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8033 Excelsior Drive  
 Suite A  
 City Madison State WI Zip Code 53717-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287652**  
 Amount of Each Receipt this Period  
 60.00

**B. JOHN SPIEGELHOFF**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8033 Excelsior Drive  
 Suite A  
 City Madison State WI Zip Code 53717-1903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287650**  
 Amount of Each Receipt this Period  
 20.00

**C. LARRY SPIVACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 733 S. Lombard Avenue  
 City Oak Park State IL Zip Code 60304-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation COLLECTIVE BARGAINING SUPERVISOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 920.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284902**  
 Amount of Each Receipt this Period  
 83.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	163.66
<b>TOTAL</b> This Period (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 1151 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. LARRY SPIVACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 733 S. Lombard Avenue  
 City State Zip Code  
 Oak Park IL 60304-1607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31 COLLECTIVE BARGAINING SUPERVISOR  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1003.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284721**  
 Amount of Each Receipt this Period  
 83.66

**B. JAMES SPRAGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City State Zip Code  
 Olympia WA 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 253.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285817**  
 Amount of Each Receipt this Period  
 11.00

**C. JAMES SPRAGUE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Jefferson St., SE  
 Suite 300  
 City State Zip Code  
 Olympia WA 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 264.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286093**  
 Amount of Each Receipt this Period  
 11.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.66
<b>TOTAL</b> This Period (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 1152 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. JUDITH SPRAGUE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285818</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 241.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JUDITH SPRAGUE</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286094</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 252.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KAMALA B. SRIKAR</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281706</b>
Mailing Address 9908 Colebrook Avenue		Amount of Each Receipt this Period 52.50
City Potomac	State MD Zip Code 20854	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1206.45
Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.50
<b>TOTAL</b> This Period (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 1153 OF 1358
	<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. KAMALA B. SRIKAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9908 Colebrook Avenue

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1258.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2012

**Transaction ID : SA11AI.281898**

Amount of Each Receipt this Period  
52.50

**B. KAMALA B. SRIKAR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9908 Colebrook Avenue

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSOC. DIRECTOR, CONF & TRAVEL SVCS
----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1311.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282090**

Amount of Each Receipt this Period  
52.50

**C. THERESA A. ST. AORO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1545 Hamline Avenue N  
West Unit

City St. Paul	State MN	Zip Code 55108
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286692**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	155.00
<b>TOTAL</b> This Period (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 1154 OF 1358
	<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. THERESA A. ST. AORO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1545 Hamline Avenue N  
 West Unit  
 City State Zip Code  
 St. Paul MN 55108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MN CN 5/STATE OF MN STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.286748**  
 Amount of Each Receipt this Period  
 50.00

**B. BRIAN STANDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3210 JAMES ST  
 City State Zip Code  
 MADISON WI 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 40 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287658**  
 Amount of Each Receipt this Period  
 40.00

**C. BRIAN STANDING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3210 JAMES ST  
 City State Zip Code  
 MADISON WI 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WI CN 40 STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.287656**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1155 OF 1358
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. BRIAN STANDING</b>		Date of Receipt
Mailing Address 3210 JAMES ST		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City MADISON	State WI	Zip Code 53714
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287657</b>
Name of Employer AFSCME WI CN 40		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ARTHUR JAMES STANLEY</b>		Date of Receipt
Mailing Address 2939 Graham Road		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Falls Church	State VA	Zip Code 22842
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281707</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation EXECUTIVE OFFICE ASSISTANT		<input type="text" value="30.91"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="720.80"/>	

Full Name (Last, First, Middle Initial) <b>C. ARTHUR JAMES STANLEY</b>		Date of Receipt
Mailing Address 2939 Graham Road		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Falls Church	State VA	Zip Code 22842
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281899</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation EXECUTIVE OFFICE ASSISTANT		<input type="text" value="30.91"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="751.71"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="71.82"/>
<b>TOTAL</b> 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 1156 OF 1358
	<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. ARTHUR JAMES STANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2939 Graham Road  
 City Falls Church State VA Zip Code 22842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation EXECUTIVE OFFICE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 782.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282091**  
 Amount of Each Receipt this Period  
 30.91

**B. BEATRICE E. STANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 116  
 City Dwight State IL Zip Code 60420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation LIBRARIAN I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285441**  
 Amount of Each Receipt this Period  
 42.00

**C. BEATRICE E. STANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 116  
 City Dwight State IL Zip Code 60420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation LIBRARIAN I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285562**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.91
<b>TOTAL</b> This Period (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 1157 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DARRELL E. STARCHER</b>		Date of Receipt
Mailing Address 989 Osbun Road		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code New Bloomington OH 43341		<b>Transaction ID : SA11AI.284021</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="206.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KATHY A. STEICHEN</b>		Date of Receipt
Mailing Address 830 W. 18th Street 3rd Fl.		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City State Zip Code Chicago IL 60608		<b>Transaction ID : SA11AI.284903</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.80"/>
Name of Employer AFSCME IL CN 31	Occupation PROJECT STAFF ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="650.20"/>	

Full Name (Last, First, Middle Initial) <b>C. KATHY A. STEICHEN</b>		Date of Receipt
Mailing Address 830 W. 18th Street 3rd Fl.		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Chicago IL 60608		<b>Transaction ID : SA11AI.284722</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.80"/>
Name of Employer AFSCME IL CN 31	Occupation PROJECT STAFF ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="711.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="136.60"/>
<b>TOTAL</b> 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 1158 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RUTH M STEINMETZ</b>		Date of Receipt
Mailing Address 6 Tegner Court		M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012
City	State	Zip Code
Rockville	MD	20850
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.281708</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSIST. DIRECTOR, CONF. & TRVL SVCS	40.07
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	905.74	

Full Name (Last, First, Middle Initial) <b>B. RUTH M STEINMETZ</b>		Date of Receipt
Mailing Address 6 Tegner Court		M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012
City	State	Zip Code
Rockville	MD	20850
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.281900</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSIST. DIRECTOR, CONF. & TRVL SVCS	40.07
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	945.81	

Full Name (Last, First, Middle Initial) <b>C. RUTH M STEINMETZ</b>		Date of Receipt
Mailing Address 6 Tegner Court		M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012
City	State	Zip Code
Rockville	MD	20850
FEC ID number of contributing federal political committee.	C	<b>Transaction ID : SA11AI.282092</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSIST. DIRECTOR, CONF. & TRVL SVCS	40.07
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	985.88	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.21
<b>TOTAL</b> This Period (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 1159 OF 1358
	<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. MICHELE STELOVICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 21114 77th Place West  
Apt. #102

City Edmonds State WA Zip Code 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
451.00

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285819**

Amount of Each Receipt this Period  
20.00

**B. MICHELE STELOVICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 21114 77th Place West  
Apt. #102

City Edmonds State WA Zip Code 98026

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
471.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286095**

Amount of Each Receipt this Period  
20.00

**C. CAROL STEMLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 Park Street  
#201

City Oregon State WI Zip Code 53575

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation LPN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
11 / 27 / 2012  
**Transaction ID : SA11AI.287661**

Amount of Each Receipt this Period  
90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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 1160 OF 1358
	<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. CAROL STEMLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 Park Street  
#201

City Oregon State WI Zip Code 53575

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation LPN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
**12 / 10 / 2012**  
Transaction ID : **SA11AI.287659**

Amount of Each Receipt this Period  
**15.00**

**B. CAROL STEMLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 Park Street  
#201

City Oregon State WI Zip Code 53575

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 40/DANE COUNTY Occupation LPN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
**12 / 20 / 2012**  
Transaction ID : **SA11AI.287660**

Amount of Each Receipt this Period  
**15.00**

**C. VICKIE R. STEPHENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
**11 / 27 / 2012**  
Transaction ID : **SA11AI.286601**

Amount of Each Receipt this Period  
**60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**

**TOTAL** This Period (last page this line number only).....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1161 OF 1358
	<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	<input type="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. VICKIE R. STEPHENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286471**

Amount of Each Receipt this Period  

69.05
-------

**B. WARREN A. STEPHENSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 296 1/2 E Lincoln Avenue

City Columbus	State OH	Zip Code 43214
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation INFORMATION TECHNICIAN
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283958**

Amount of Each Receipt this Period  

8.00
------

**C. JUDY R STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7240 Fairchild Drive #201

City Alexandria	State VA	Zip Code 22306
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation STRATEGIC ANALYST III
----------------------------------	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.69**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281709**

Amount of Each Receipt this Period  

46.05
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>69.05</b>
<b>TOTAL</b> This Period (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 1162 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JUDY R STEVENS</b>		Date of Receipt
Mailing Address 7240 Fairchild Drive #201		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Alexandria	State VA	Zip Code 22306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.281901</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation STRATEGIC ANALYST III		<input type="text" value="46.05"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1046.74"/>	

Full Name (Last, First, Middle Initial) <b>B. JUDY R STEVENS</b>		Date of Receipt
Mailing Address 7240 Fairchild Drive #201		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Alexandria	State VA	Zip Code 22306
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282093</b>
Name of Employer AFSCME INT'L		Amount of Each Receipt this Period
Occupation STRATEGIC ANALYST III		<input type="text" value="46.05"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1092.79"/>	

Full Name (Last, First, Middle Initial) <b>C. MYRON STEVENS</b>		Date of Receipt
Mailing Address 14642 Norkay Lake Road		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Brainerd	State MN	Zip Code 56401-9129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.286694</b>
Name of Employer AFSCME MN CN 5/STATE OF MN		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="18.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="202.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.10"/>
<b>TOTAL</b> 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 1163 OF 1358
	<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. MYRON STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 14642 Norkay Lake Road

City Brainerd State MN Zip Code 56401-9129

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.286750**

Amount of Each Receipt this Period 18.00

**B. REBECCA A. STEWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10400 SE Cook Court SP 164

City Milwaukie State OR Zip Code 97222

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation BUSINESS ANALYST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285102**

Amount of Each Receipt this Period 20.00

**C. REBECCA A. STEWARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10400 SE Cook Court SP 164

City Milwaukie State OR Zip Code 97222

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation BUSINESS ANALYST

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285124**

Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 58.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 OF 1358  
(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. CANDACE R. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 E. 200th Street  
 City Euclid State OH Zip Code 44119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRAINING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283230**  
 Amount of Each Receipt this Period  
 12.50

**B. CANDACE R. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 E. 200th Street  
 City Euclid State OH Zip Code 44119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRAINING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283598**  
 Amount of Each Receipt this Period  
 12.50

**C. CANDACE R. STEWART**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 E. 200th Street  
 City Euclid State OH Zip Code 44119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation TRAINING OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283961**  
 Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 37.50  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1165 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. IVA J. STEWART</b>		Date of Receipt
Mailing Address 1252 Drysdale Square N.		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43229
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282323</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.50"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	TEACHER AIDE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="325.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. IVA J. STEWART</b>		Date of Receipt
Mailing Address 1252 Drysdale Square N.		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code
Columbus	OH	43229
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282354</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="12.50"/>
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	TEACHER AIDE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="337.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KATHLEEN M. STEWART</b>		Date of Receipt
Mailing Address 7326 State Route 19		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Mount Gilead	OH	43338
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.283231</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	ACCOUNTANT/EXAMINER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="639.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> 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 1166 OF 1358
	<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. KATHLEEN M. STEWART**  
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

City Mount Gilead	State OH	Zip Code 43338
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **659.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283599**

Amount of Each Receipt this Period  

20.00
-------

**B. KATHLEEN M. STEWART**  
Full Name (Last, First, Middle Initial)

Mailing Address 7326 State Route 19

City Mount Gilead	State OH	Zip Code 43338
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNTANT/EXAMINER
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283962**

Amount of Each Receipt this Period  

20.00
-------

**C. NEAL STEWART**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285821**

Amount of Each Receipt this Period  

10.50
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.50</b>
<b>TOTAL</b> This Period (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 1167 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. NEAL STEWART</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286097</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 60.22
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 241.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. GREGORY S. STIGER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.282716</b>
Mailing Address 3320 Plank Road		Amount of Each Receipt this Period 41.72
City New Castle	State PA Zip Code 16105	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 466.58
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. LISA J. STILLWELL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.287470</b>
Mailing Address 3 WELLS AVENUE		Amount of Each Receipt this Period 8.00
City EAST HAMPTON	State CT Zip Code 06424	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 208.00
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.22
<b>TOTAL</b> This Period (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 1168 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ROY STONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.287026</b>
Mailing Address 1119 Congwood Place		Amount of Each Receipt this Period 52.00
City Los Angeles	State CA	Zip Code 90019
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) <b>B. ROY STONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 <b>Transaction ID : SA11AI.286986</b>
Mailing Address 1119 Congwood Place		Amount of Each Receipt this Period 12.00
City Los Angeles	State CA	Zip Code 90019
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.00	

Full Name (Last, First, Middle Initial) <b>C. ROY STONE</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.287005</b>
Mailing Address 1119 Congwood Place		Amount of Each Receipt this Period 12.00
City Los Angeles	State CA	Zip Code 90019
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME CA CN 36/CITY OF LA	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (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 1169 OF 1358
	<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. CHUCK B. STOUT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3073 Twin Lakes Drive

City Springfield State IL Zip Code 62707-9312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **478.11**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284904**

Amount of Each Receipt this Period  
**8.40**

**B. CHUCK B. STOUT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3073 Twin Lakes Drive

City Springfield State IL Zip Code 62707-9312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **486.51**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284723**

Amount of Each Receipt this Period  
**8.40**

**C. ANDREA STRADER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1234 Massachusetts Avenue NW #524

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1129.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281710**

Amount of Each Receipt this Period  
**48.73**

**SUBTOTAL** of Receipts This Page (optional)..... **65.53**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1170 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. ANDREA STRADER</b>		Date of Receipt 12 / 11 / 2012 <b>Transaction ID : SA11AI.281902</b>
Mailing Address 1234 Massachusetts Avenue NW #524		Amount of Each Receipt this Period 48.73
City Washington	State DC Zip Code 20005	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1177.79
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANDREA STRADER</b>		Date of Receipt 12 / 21 / 2012 <b>Transaction ID : SA11AI.282094</b>
Mailing Address 1234 Massachusetts Avenue NW #524		Amount of Each Receipt this Period 48.73
City Washington	State DC Zip Code 20005	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1226.52
Name of Employer AFSCME INT'L	Occupation POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KELLY A. STRATTON</b>		Date of Receipt 11 / 27 / 2012 <b>Transaction ID : SA11AI.287473</b>
Mailing Address 118 BRADLEY AVENUE		Amount of Each Receipt this Period 8.40
City NEW HAVEN	State CT Zip Code 06514	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 201.60
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.86
<b>TOTAL</b> This Period (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 1171 OF 1358
	<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	<input type="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. KELLY A. STRATTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 BRADLEY AVENUE

City NEW HAVEN State CT Zip Code 06514

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 07 / 2012  
**Transaction ID : SA11AI.287474**

Amount of Each Receipt this Period  
 8.40

**B. KELLY A. STRATTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 118 BRADLEY AVENUE

City NEW HAVEN State CT Zip Code 06514

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 218.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.287475**

Amount of Each Receipt this Period  
 8.40

**C. TRACY STRAUSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 Driftwood Drive

City Canonsburg State PA Zip Code 15317

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 581.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281711**

Amount of Each Receipt this Period  
 27.51

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 44.31

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1172 OF 1358
	<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. TRACY STRAUSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 Driftwood Drive

City Canonsburg State PA Zip Code 15317

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **609.15**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281903**

Amount of Each Receipt this Period **27.51**

**B. TRACY STRAUSSER**  
Full Name (Last, First, Middle Initial)

Mailing Address 217 Driftwood Drive

City Canonsburg State PA Zip Code 15317

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation FIELD ADMINISTRATIVE ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **636.66**

Date of Receipt **12 / 21 / 2012**

**Transaction ID : SA11AI.282095**

Amount of Each Receipt this Period **27.51**

**C. TIMOTHY J. STRECKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 70 I Street SE Apt. 1230

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, INFORMATION SYS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1233.84**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281712**

Amount of Each Receipt this Period **55.42**

**SUBTOTAL** of Receipts This Page (optional)..... **110.44**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1173 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY J. STRECKER</b>		Date of Receipt
Mailing Address 70 I Street SE Apt. 1230		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.281904</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOCIATE DIRECTOR, INFORMATION SYS	<input type="text" value="55.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1289.26"/>	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY J. STRECKER</b>		Date of Receipt
Mailing Address 70 I Street SE Apt. 1230		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20003
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.282096</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME INT'L	ASSOCIATE DIRECTOR, INFORMATION SYS	<input type="text" value="55.42"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1344.68"/>	

Full Name (Last, First, Middle Initial) <b>C. DEBRA STRICKLAND</b>		Date of Receipt
Mailing Address 657 Marshall Avenue		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
St. Paul	MN	55104-6645
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.286695</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME MN CN 5/STATE OF MN	REPRESENTATIVE	<input type="text" value="18.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="128.84"/>
<b>TOTAL</b> 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 1174 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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**

Full Name (Last, First, Middle Initial) <b>A. DEBRA STRICKLAND</b>			Date of Receipt
Mailing Address 657 Marshall Avenue			M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.286751</b>
St. Paul	MN	55104-6645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		18.00
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			243.00
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GYNO STRONG-WOODFORD</b>			Date of Receipt
Mailing Address P.O. Box 48			M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.283233</b>
Reynoldsburg	OH	43068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	FISCAL SPECIALIST I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			240.00
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GYNO STRONG-WOODFORD</b>			Date of Receipt
Mailing Address P.O. Box 48			M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012
City	State	Zip Code	<b>Transaction ID : SA11AI.283601</b>
Reynoldsburg	OH	43068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	FISCAL SPECIALIST I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			250.00
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	38.00
<b>TOTAL</b> This Period (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 1175 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. GYNO STRONG-WOODFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 48  
 City Reynoldsburg State OH Zip Code 43068  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation FISCAL SPECIALIST I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283964**  
 Amount of Each Receipt this Period  
 10.00

**B. MARVA J. STROUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1055 5th Street  
 City Aurora State IL Zip Code 60505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SPECIAL THERAPY AIDE I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 467.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285442**  
 Amount of Each Receipt this Period  
 27.62

**C. MARVA J. STROUD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1055 5th Street  
 City Aurora State IL Zip Code 60505  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation SPECIAL THERAPY AIDE I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 481.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285563**  
 Amount of Each Receipt this Period  
 13.81

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.43
<b>TOTAL</b> This Period (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 1176 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BARBARA STRUNGE</b>		Date of Receipt
Mailing Address P.O. Box 1068		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.286696</b>
Anoka	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="24.00"/>
55303		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. BARBARA STRUNGE</b>		Date of Receipt
Mailing Address P.O. Box 1068		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.286752</b>
Anoka	MN	Amount of Each Receipt this Period
Zip Code		<input type="text" value="24.00"/>
55303		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="324.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARY J. STUCKERT</b>		Date of Receipt
Mailing Address 814 S. Spring Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	<b>Transaction ID : SA11AI.283234</b>
Bucyrus	OH	Amount of Each Receipt this Period
Zip Code		<input type="text" value="20.00"/>
44820		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER SERVICE REP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.00"/>
<b>TOTAL</b> 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 1177 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. MARY J. STUCKERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 814 S. Spring Street

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER SERVICE REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283602**

Amount of Each Receipt this Period  

20.00
-------

**B. MARY J. STUCKERT**  
Full Name (Last, First, Middle Initial)

Mailing Address 814 S. Spring Street

City	State	Zip Code
Bucyrus	OH	44820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	ODJFS CUSTOMER SERVICE REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283965**

Amount of Each Receipt this Period  

20.00
-------

**C. ARLENE STURDIVANT**  
Full Name (Last, First, Middle Initial)

Mailing Address 6113 Kolb Street

City	State	Zip Code
Fairmont Heights	MD	20743

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **545.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281713**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (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 1178 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ARLENE STURDIVANT</b>			Date of Receipt
Mailing Address 6113 Kolb Street			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281905</b>
Fairmont Heights	MD	20743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="570.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ARLENE STURDIVANT</b>			Date of Receipt
Mailing Address 6113 Kolb Street			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282097</b>
Fairmont Heights	MD	20743	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="595.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. RENATA L. STURTEVANT</b>			Date of Receipt
Mailing Address W9695 Lake Drive			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285015</b>
Edgerton	WI	53534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1179 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. RENATA L. STURTEVANT</b>			Date of Receipt
Mailing Address W9695 Lake Drive			<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285016</b>
Edgerton	WI	53534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. RENATA L. STURTEVANT</b>			Date of Receipt
Mailing Address W9695 Lake Drive			<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285017</b>
Edgerton	WI	53534	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME WI CN 24/STATE OF WI	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SHIRLEY E. SUDDOTH-LEWIS</b>			Date of Receipt
Mailing Address 261 Carol Road			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287551</b>
N. Plainfield	NJ	07062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="31.50"/>
Name of Employer	Occupation		
AFSCME NJ CN 1/CN73 LOCAL 979	NURSE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="231.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="71.50"/>
<b>TOTAL</b> 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 1180 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KEITH C. S. SUI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Mililani Street  
 Suite 601  
 City Honolulu State HI Zip Code 96813-2991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **12 / 05 / 2012**  
**Transaction ID : SA11AI.285073**  
 Amount of Each Receipt this Period **21.00**

**B. MICHAEL E. SUKAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Clemson Drive  
 City Pittsburgh State PA Zip Code 15243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1683.92**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281714**  
 Amount of Each Receipt this Period **77.81**

**C. MICHAEL E. SUKAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 526 Clemson Drive  
 City Pittsburgh State PA Zip Code 15243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, ORGANIZING & FIELD SVCS  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1761.73**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281906**  
 Amount of Each Receipt this Period **77.81**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.62</b>
<b>TOTAL</b> This Period (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 1181 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL E. SUKAL</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282098</b>
Mailing Address 526 Clemson Drive			Amount of Each Receipt this Period 77.81
City Pittsburgh	State PA	Zip Code 15243	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L	Occupation DIRECTOR, ORGANIZING & FIELD SVCS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1839.54		

Full Name (Last, First, Middle Initial) <b>B. MARY E. SULLIVAN</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 27 / 2012 <b>Transaction ID : SA11AI.286302</b>
Mailing Address 1880 9th Avenue			Amount of Each Receipt this Period 68.00
City Watervliet	State NY	Zip Code 12189	
FEC ID number of contributing federal political committee. C			
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 ▼ 1618.00		

Full Name (Last, First, Middle Initial) <b>C. MARY E. SULLIVAN</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.284186</b>
Mailing Address 1880 9th Avenue			Amount of Each Receipt this Period 100.00
City Watervliet	State NY	Zip Code 12189	
FEC ID number of contributing federal political committee. C			
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 ▼ 1718.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.81
<b>TOTAL</b> This Period (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 1182 OF 1358	
	<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. MARY E. SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 9th Avenue

City Watervliet	State NY	Zip Code 12189
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000	Occupation EXECUTIVE VICE PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1743.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286309**

Amount of Each Receipt this Period  
25.00

**B. MARY E. SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 9th Avenue

City Watervliet	State NY	Zip Code 12189
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000	Occupation EXECUTIVE VICE PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1768.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.286316**

Amount of Each Receipt this Period  
25.00

**C. MARY E. SULLIVAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1880 9th Avenue

City Watervliet	State NY	Zip Code 12189
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000	Occupation EXECUTIVE VICE PRESIDENT
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1868.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284216**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (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 1183 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial)  
**A. MARY E. SULLIVAN**

Mailing Address 444 East Main Street

City	State	Zip Code
New Britain	CT	06051-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME CT CN 4/STATE OF CT	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287355**

Amount of Each Receipt this Period  
8.00

Full Name (Last, First, Middle Initial)  
**B. SARA SUMMERS**

Mailing Address 3418 Weyburn Court

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	NETWORK SERVICES TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
313.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283235**

Amount of Each Receipt this Period  
13.06

Full Name (Last, First, Middle Initial)  
**C. SARA SUMMERS**

Mailing Address 3418 Weyburn Court

City	State	Zip Code
Columbus	OH	43232

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 11/STATE OF OH	NETWORK SERVICES TECHNICIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283603**

Amount of Each Receipt this Period  
13.06

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	34.12
<b>TOTAL</b> This Period (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 1184 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. SARA SUMMERS</b>		Date of Receipt 12 / 28 / 2012 <b>Transaction ID : SA11AI.283966</b>
Mailing Address 3418 Weyburn Court		Amount of Each Receipt this Period 13.06
City Columbus	State OH	Zip Code 43232
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation NETWORK SERVICES TECHNICIAN
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 339.56	

Full Name (Last, First, Middle Initial) <b>B. SHIRLEY SUNDY</b>		Date of Receipt 12 / 12 / 2012 <b>Transaction ID : SA11AI.282717</b>
Mailing Address 4031 Executive Park Drive		Amount of Each Receipt this Period 67.41
City Harrisburg	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 335.91	

Full Name (Last, First, Middle Initial) <b>C. RICHARD J. SURBER</b>		Date of Receipt 12 / 03 / 2012 <b>Transaction ID : SA11AI.284905</b>
Mailing Address 6449 N Seeley Avenue Unit B1		Amount of Each Receipt this Period 61.40
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C	Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 662.75	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.87
<b>TOTAL</b> This Period (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 1185 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. RICHARD J. SURBER</b>		Date of Receipt
Mailing Address 6449 N Seeley Avenue Unit B1		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.284724</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		61.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 724.15	

Full Name (Last, First, Middle Initial) <b>B. LORI A. SVEDA</b>		Date of Receipt
Mailing Address 439-D Willow Circle		M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
City Allentown	State PA	Zip Code 18102
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.282791</b>
Name of Employer AFSCME PA CN 13/STATE OF PA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.00	

Full Name (Last, First, Middle Initial) <b>C. LORI A. SVEDA</b>		Date of Receipt
Mailing Address 439-D Willow Circle		M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012
City Allentown	State PA	Zip Code 18102
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : <b>SA11AI.282870</b>
Name of Employer AFSCME PA CN 13/STATE OF PA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.40
<b>TOTAL</b> This Period (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 1186 OF 1358
	<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. MICHAEL SVEDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 439 Willow Circle

City Allentown State PA Zip Code 18102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **653.31**

Date of Receipt  
 /  /   
**12 / 12 / 2012**

**Transaction ID : SA11AI.282718**

Amount of Each Receipt this Period  
 **58.18**

**B. STEPHANIE SWAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11850 S.E. Broyles Court

City Clackamas State OR Zip Code 97015

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation EXECUTIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **331.00**

Date of Receipt  
 /  /   
**11 / 30 / 2012**

**Transaction ID : SA11AI.285103**

Amount of Each Receipt this Period  
 **25.00**

**C. STEPHANIE SWAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11850 S.E. Broyles Court

City Clackamas State OR Zip Code 97015

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation EXECUTIVE ASSISTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **356.00**

Date of Receipt  
 /  /   
**12 / 28 / 2012**

**Transaction ID : SA11AI.285125**

Amount of Each Receipt this Period  
 **25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text"/> <b>108.18</b>
<b>TOTAL</b> 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 1187 OF 1358
	<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. RITA SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285825**

Amount of Each Receipt this Period  
 10.00

**B. RITA SWANSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City	State	Zip Code
Olympia	WA	98501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286101**

Amount of Each Receipt this Period  
 10.00

**C. MATTHEW C. SWARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 11760 Alspach Road

City	State	Zip Code
Canal Winchester	OH	43110

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4/GROVEPORT	CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
227.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282574**

Amount of Each Receipt this Period  
 20.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.84
<b>TOTAL</b> This Period (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 1188 OF 1358
	<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. MATTHEW C. SWARTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 11760 Alspach Road

City Canal Winchester State OH Zip Code 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GROVEPORT Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.98**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 27 / 2012**

**Transaction ID : SA11AI.282575**

Amount of Each Receipt this Period  
**10.42**

**B. JOHN F. SWEERS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 W Dean Avenue

City Monona State WI Zip Code 53716

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 03 / 2012**

**Transaction ID : SA11AI.285000**

Amount of Each Receipt this Period  
**18.00**

**C. JOHN F. SWEERS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 W Dean Avenue

City Monona State WI Zip Code 53716

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **414.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**12 / 17 / 2012**

**Transaction ID : SA11AI.285001**

Amount of Each Receipt this Period  
**18.00**

**SUBTOTAL** of Receipts This Page (optional)..... **46.42**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1189 OF 1358
	<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. JOHN F. SWEERS JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 W Dean Avenue

City Monona State WI Zip Code 53716

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 432.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.285002**

Amount of Each Receipt this Period 18.00

**B. ADAM SWIHART**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 521.84

Date of Receipt 12 / 13 / 2012  
**Transaction ID : SA11AI.284405**

Amount of Each Receipt this Period 30.82

**C. JAMES R. TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 517 S. High Street

City Yellow Springs State OH Zip Code 45387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 692.40

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282181**

Amount of Each Receipt this Period 57.70

**SUBTOTAL** of Receipts This Page (optional).....▶ 106.52

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1190 OF 1358
	<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. JAMES R. TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 517 S. High Street

City Yellow Springs State OH Zip Code 45387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **721.25**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.282237**

Amount of Each Receipt this Period **28.85**

**B. JAMES R. TACKETT**  
Full Name (Last, First, Middle Initial)

Mailing Address 517 S. High Street

City Yellow Springs State OH Zip Code 45387

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.10**

Date of Receipt **12 / 27 / 2012**

**Transaction ID : SA11AI.282292**

Amount of Each Receipt this Period **28.85**

**C. JEFFREY M. TAGGART**  
Full Name (Last, First, Middle Initial)

Mailing Address 12001 Market Street Unit 450

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2672.07**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281715**

Amount of Each Receipt this Period **121.85**

**SUBTOTAL** of Receipts This Page (optional)..... **179.55**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1191 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JEFFREY M. TAGGART</b>		Date of Receipt 12 / 11 / 2012 <b>Transaction ID : SA11AI.281907</b>
Mailing Address 12001 Market Street Unit 450		Amount of Each Receipt this Period 121.85
City Reston	State VA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2793.92
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) ▼		

Full Name (Last, First, Middle Initial) <b>B. JEFFREY M. TAGGART</b>		Date of Receipt 12 / 21 / 2012 <b>Transaction ID : SA11AI.282099</b>
Mailing Address 12001 Market Street Unit 450		Amount of Each Receipt this Period 121.85
City Reston	State VA	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2915.77
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) ▼		

Full Name (Last, First, Middle Initial) <b>C. IAN K. TAKASHIBA</b>		Date of Receipt 12 / 05 / 2012 <b>Transaction ID : SA11AI.285074</b>
Mailing Address 4891 Nunu Road		Amount of Each Receipt this Period 25.00
City Kappa	State HI	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 275.00
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	268.70
<b>TOTAL</b> This Period (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 1192 OF 1358
	<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. JEREMIAH TALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282182**

Amount of Each Receipt this Period  
 20.00

**B. JEREMIAH TALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.282238**

Amount of Each Receipt this Period  
 10.00

**C. JEREMIAH TALLEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 6805 Oak Creek Drive

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282293**

Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1193 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MOLLY M. TALLEY</b>		Date of Receipt
Mailing Address 4084 Leap Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hilliard	OH	43026
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282183</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ACCOUNT CLERK	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>B. MOLLY M. TALLEY</b>		Date of Receipt
Mailing Address 4084 Leap Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hilliard	OH	43026
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282239</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ACCOUNT CLERK	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="290.00"/>	

Full Name (Last, First, Middle Initial) <b>C. MOLLY M. TALLEY</b>		Date of Receipt
Mailing Address 4084 Leap Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Hilliard	OH	43026
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.282294</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ACCOUNT CLERK	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1194 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ANN M. TANNER</b>			Date of Receipt	
Mailing Address 816 Wilder Avenue			M M M / D D D / Y Y Y Y Y Y 12 / 04 / 2012	
City State Zip Code Elyria OH 44035			<b>Transaction ID : SA11AI.284370</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 64.18	
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 705.05		

Full Name (Last, First, Middle Initial) <b>B. VALERIE S. TANNER</b>			Date of Receipt	
Mailing Address 274 MORSE STREET			M M M / D D D / Y Y Y Y Y Y 12 / 07 / 2012	
City State Zip Code HAMDEN CT 06517			<b>Transaction ID : SA11AI.287478</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 8.40	
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.60		

Full Name (Last, First, Middle Initial) <b>C. VALERIE S. TANNER</b>			Date of Receipt	
Mailing Address 274 MORSE STREET			M M M / D D D / Y Y Y Y Y Y 12 / 21 / 2012	
City State Zip Code HAMDEN CT 06517			<b>Transaction ID : SA11AI.287479</b>	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period 8.40	
Name of Employer AFSCME CT CN 4		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.98
<b>TOTAL</b> This Period (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 1195 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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. ANNETTE C. TASHIRO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45-455 Nukoli Place  
 City Kaneohe State HI Zip Code 96744  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285075**  
 Amount of Each Receipt this Period  
 200.00

**B. JANEEN D. TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1428 Hartford Avenue  
 City Akron State OH Zip Code 44320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284371**  
 Amount of Each Receipt this Period  
 32.94

**C. JOE TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20614 Ridgewood Avenue  
 City Warrensvl Hts State OH Zip Code 44122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283969**  
 Amount of Each Receipt this Period  
 8.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.94
<b>TOTAL</b> This Period (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 1196 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. TODD TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 9457  
 City Cedar Rapids State IA Zip Code 52409-9457  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284406**  
 Amount of Each Receipt this Period  
 35.00

**B. TORIANO TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Cherry Street  
 City Marion State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283239**  
 Amount of Each Receipt this Period  
 10.00

**C. TORIANO TAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 650 Cherry Street  
 City Marion State OH Zip Code 43302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION SERGEANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283607**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (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 1197 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. TORIANO TAYLOR</b>			Date of Receipt
Mailing Address 650 Cherry Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283970</b>
Marion	OH	43302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	CORRECTION SERGEANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEREMY TAYLOR-SPARKS</b>			Date of Receipt
Mailing Address 7555 14th Avenue NE			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285827</b>
Olympia	WA	98516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEREMY TAYLOR-SPARKS</b>			Date of Receipt
Mailing Address 7555 14th Avenue NE			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286103</b>
Olympia	WA	98516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 1198 OF 1358
	<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. TRINA M. TAYLOR-SPARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7555 14th Avenue NE

City Olympia	State WA	Zip Code 98516
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285828**

Amount of Each Receipt this Period  
10.00

**B. TRINA M. TAYLOR-SPARKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 7555 14th Avenue NE

City Olympia	State WA	Zip Code 98516
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286104**

Amount of Each Receipt this Period  
10.00

**C. MOHAMMED TEHRANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 22110 Castleton Court

City Boysd	State MD	Zip Code 20841
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, OPERATIONS
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1061.15

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SA11AI.281716**

Amount of Each Receipt this Period  
48.41

<b>SUBTOTAL</b> of Receipts This Page (optional).....	68.41
<b>TOTAL</b> This Period (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 1199 OF 1358
	<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. MOHAMMED TEHRANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 22110 Castleton Court

City Boyds State MD Zip Code 20841

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1109.56**

Date of Receipt: **12 / 11 / 2012**

**Transaction ID : SA11AI.281908**

Amount of Each Receipt this Period: **48.41**

**B. MOHAMMED TEHRANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 22110 Castleton Court

City Boyds State MD Zip Code 20841

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME INT'L Occupation: ASSISTANT DIRECTOR, OPERATIONS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1157.97**

Date of Receipt: **12 / 21 / 2012**

**Transaction ID : SA11AI.282100**

Amount of Each Receipt this Period: **48.41**

**C. ANDREA K. TESCHLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 136 Brookside Drive

City Ashland State OH Zip Code 44805

FEC ID number of contributing federal political committee. **C**

Name of Employer: AFSCME OH LOC 11/STATE OF OH Occupation: STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **351.50**

Date of Receipt: **11 / 30 / 2012**

**Transaction ID : SA11AI.283240**

Amount of Each Receipt this Period: **15.50**

**SUBTOTAL** of Receipts This Page (optional)..... **112.32**

**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 1200 OF 1358
	<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. ANDREA K. TESCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Brookside Drive  
 City Ashland State OH Zip Code 44805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283608**  
 Amount of Each Receipt this Period  
 15.50

**B. ANDREA K. TESCHLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Brookside Drive  
 City Ashland State OH Zip Code 44805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 383.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283971**  
 Amount of Each Receipt this Period  
 16.00

**C. DAVID TESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6955 H New Oxford Road  
 City Harrisburg State PA Zip Code 17112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation TRANSPORTATION TECHNICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 802.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282719**  
 Amount of Each Receipt this Period  
 67.70

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	99.20
<b>TOTAL</b> This Period (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 1201 OF 1358  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)  
**A. COLIN M. THEIS**

Mailing Address 2406 W Farragut Avenue  
#3B

City Chicago State IL Zip Code 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **577.06**

Date of Receipt  
**12 / 03 / 2012**  
Transaction ID : **SA11AI.284906**

Amount of Each Receipt this Period  
**52.46**

Full Name (Last, First, Middle Initial)  
**B. COLIN M. THEIS**

Mailing Address 2406 W Farragut Avenue  
#3B

City Chicago State IL Zip Code 60625

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **629.52**

Date of Receipt  
**12 / 28 / 2012**  
Transaction ID : **SA11AI.284725**

Amount of Each Receipt this Period  
**52.46**

Full Name (Last, First, Middle Initial)  
**C. EDWARD THIBODEAU**

Mailing Address 444 East Main Street

City New Britain State CT Zip Code 06051-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**11 / 27 / 2012**  
Transaction ID : **SA11AI.287395**

Amount of Each Receipt this Period  
**60.00**

**SUBTOTAL** of Receipts This Page (optional)..... **164.92**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1202 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWARD THIBODEAU</b>			Date of Receipt
Mailing Address 444 East Main Street			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287394</b>
New Britain	CT	06051-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. GARY R. THOMANN</b>			Date of Receipt
Mailing Address 22 Fairelm Lane			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286212</b>
South Cheektowa	NY	14227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="38.48"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS ADMIN.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="211.64"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GARY R. THOMANN</b>			Date of Receipt
Mailing Address 22 Fairelm Lane			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286226</b>
South Cheektowa	NY	14227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME NY LOC 1000/NYS ADMIN.	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="221.26"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="78.10"/>
<b>TOTAL</b> 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 1203 OF 1358
	<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	<input type="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. GARY R. THOMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Fairelm Lane

City South Cheektowa State NY Zip Code 14227

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.286240**

Amount of Each Receipt this Period 9.62

**B. ARTHUR J. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Maplewood Street

City Delta State OH Zip Code 43515

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/PIKE DELTA YORK Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 222.78

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282576**

Amount of Each Receipt this Period 19.24

**C. BARBARA A. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3185 Elmreeb Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMPUTER OPERATOR III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283241**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 43.86

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1204 OF 1358
	<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. BARBARA A. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3185 Elmreeb Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMPUTER OPERATOR III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283609**

Amount of Each Receipt this Period 15.00

**B. BARBARA A. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3185 Elmreeb Drive

City Columbus State OH Zip Code 43219

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation COMPUTER OPERATOR III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283972**

Amount of Each Receipt this Period 15.00

**C. BETTY A. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Faycrest Drive

City Cincinnati State OH Zip Code 45238

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.21

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284372**

Amount of Each Receipt this Period 45.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.46

**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 1205 OF 1358
	<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. BONNIE L. THOMAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 343 31st Streer NW

City Barberton State OH Zip Code 44203

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/GREEN LSD Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.282578**

Amount of Each Receipt this Period  
 208.84

**B. DURWOOD L. THOMAS II**  
Full Name (Last, First, Middle Initial)

Mailing Address 3469 Woodlawn Avenue

City Grove City State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.282324**

Amount of Each Receipt this Period  
 12.50

**C. DURWOOD L. THOMAS II**  
Full Name (Last, First, Middle Initial)

Mailing Address 3469 Woodlawn Avenue

City Grove City State OH Zip Code 43123

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012

**Transaction ID : SA11AI.282355**

Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.84

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1206 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JOHN THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 N Washington Avenue  
 City Lansing State MI Zip Code 48906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 669.76

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.284265**  
 Amount of Each Receipt this Period 29.12

**B. JOHN THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1034 N Washington Avenue  
 City Lansing State MI Zip Code 48906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 698.88

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.284313**  
 Amount of Each Receipt this Period 29.12

**C. PATRICK S. THOMASSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1347 Marot Drive  
 City Trotwood State OH Zip Code 45427  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation LEAD STAFF ORGANIZER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 705.05

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284373**  
 Amount of Each Receipt this Period 64.18

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	122.42
<b>TOTAL</b> This Period (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 1207 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. BRUCE E. THOMPSON</b>			Date of Receipt
Mailing Address 531 Tanya Avenue NW			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283243</b>
Massillon	OH	44646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BRUCE E. THOMPSON</b>			Date of Receipt
Mailing Address 531 Tanya Avenue NW			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282922</b>
Massillon	OH	44646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRUCE E. THOMPSON</b>			Date of Receipt
Mailing Address 531 Tanya Avenue NW			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283611</b>
Massillon	OH	44646	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	JUVENILE CORRECTION OFFICER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="270.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1208 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. BRUCE E. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 Tanya Avenue NW  
 City Massillon State OH Zip Code 44646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation JUVENILE CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283974**  
 Amount of Each Receipt this Period  
 10.00

**B. EUNICE C. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 267  
 City Malvern State OH Zip Code 44644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.284055**  
 Amount of Each Receipt this Period  
 30.00

**C. EUNICE C. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 267  
 City Malvern State OH Zip Code 44644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNT CLERK II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283244**  
 Amount of Each Receipt this Period  
 15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55.00
<b>TOTAL</b> This Period (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 1209 OF 1358
	<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	<input type="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. EUNICE C. THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 267

City Malvern	State OH	Zip Code 44644
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
310.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283612**

Amount of Each Receipt this Period  
15.00

**B. EUNICE C. THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 267

City Malvern	State OH	Zip Code 44644
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation ACCOUNT CLERK II
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283975**

Amount of Each Receipt this Period  
15.00

**C. LAWRENCE W. THOMPSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3662 Bridgeport Way W.  
Apt. D1

City University Place	State WA	Zip Code 98466
--------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
345.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285829**

Amount of Each Receipt this Period  
15.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (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 1210 OF 1358
	<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	<input type="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. LAWRENCE W. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3662 Bridgeport Way W.  
 Apt. D1  
 City State Zip Code  
 University Place WA 98466  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286105**  
 Amount of Each Receipt this Period  
 15.00

**B. MARY E. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13804 210th Avenue  
 City State Zip Code  
 Milo IA 50166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 394.24

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286645**  
 Amount of Each Receipt this Period  
 35.84

**C. MARY E. THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13804 210th Avenue  
 City State Zip Code  
 Milo IA 50166  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IA CN 61/STATE OF IA STAFF REPRESENTATIVE  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 430.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286630**  
 Amount of Each Receipt this Period  
 35.84

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.68
<b>TOTAL</b> This Period (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 1211 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. PAULETTE E. THOMPSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285830</b>	
Mailing Address 3902 154th Street E.			Amount of Each Receipt this Period 23.00	
City Tacoma	State WA	Zip Code 98446		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 529.00		

Full Name (Last, First, Middle Initial) <b>B. PAULETTE E. THOMPSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286106</b>	
Mailing Address 3902 154th Street E.			Amount of Each Receipt this Period 23.00	
City Tacoma	State WA	Zip Code 98446		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28/STATE OF WA		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 552.00		

Full Name (Last, First, Middle Initial) <b>C. RENO THOMPSON</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284266</b>	
Mailing Address 1034 N. Washington Avenue			Amount of Each Receipt this Period 10.00	
City Lansing	State MI	Zip Code 48906		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.00
<b>TOTAL</b> This Period (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 1212 OF 1358
	<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. RENO THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1034 N. Washington Avenue

City Lansing	State MI	Zip Code 48906
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2012

**Transaction ID : SA11AI.284314**

Amount of Each Receipt this Period  

10.00
-------

**B. ROBERT L. THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 927 Gibbs Avenue, NE

City Canton	State OH	Zip Code 44705-1074
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8	Occupation REGIONAL DIRECTOR
------------------------------------	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **959.21**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.284374**

Amount of Each Receipt this Period  

87.32
-------

**C. RUTHANNE THOMPSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286603**

Amount of Each Receipt this Period  

39.28
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.60</b>
<b>TOTAL</b> This Period (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 1213 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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. RUTHANNE THOMPSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4320 NW Second Avenue  
 City Des Moines State IA Zip Code 50313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.286473**  
 Amount of Each Receipt this Period  
 9.82

**B. DIANE THOMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2271  
 City Bremerton State WA Zip Code 98310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.286141**  
 Amount of Each Receipt this Period  
 10.00

**C. DIANE THOMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2271  
 City Bremerton State WA Zip Code 98310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286142**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	29.82
<b>TOTAL</b> This Period (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 1214 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. PETER THOR</b>			Date of Receipt
Mailing Address 4 Betts Place			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287397</b>
East Norwalk	CT	06855-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="87.36"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="524.16"/>		

Full Name (Last, First, Middle Initial) <b>B. PETER THOR</b>			Date of Receipt
Mailing Address 4 Betts Place			<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287396</b>
East Norwalk	CT	06855-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="65.52"/>
Name of Employer	Occupation		
AFSCME CT CN 4	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="589.68"/>		

Full Name (Last, First, Middle Initial) <b>C. FRANK THORNTON JR.</b>			Date of Receipt
Mailing Address 190 W. Ostend Street Suite 101			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284456</b>
Baltimore	MD	21230	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.84"/>
Name of Employer	Occupation		
AFSCME MD CN 982	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="610.08"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="203.72"/>
<b>TOTAL</b> 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 1215 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. HELEN THORNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 N. Elmwood  
 City Oak Park State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 581.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.284907**  
 Amount of Each Receipt this Period  
 40.00

**B. HELEN THORNTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 N. Elmwood  
 City Oak Park State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 621.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284726**  
 Amount of Each Receipt this Period  
 40.00

**C. JAMES A. THORNTON SR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 231 Allison Road  
 City Dixonville State PA Zip Code 15734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282794**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (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 1216 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES A. THORNTON SR.</b>			Date of Receipt
Mailing Address 231 Allison Road			<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282873</b>
Dixonville	PA	15734	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MONTY R. THORNTON</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286604</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.48"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="202.02"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MONTY R. THORNTON</b>			Date of Receipt
Mailing Address 4320 NW Second Avenue			<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286474</b>
Des Moines	IA	50313	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="9.62"/>
Name of Employer	Occupation		
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="211.64"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="68.10"/>
<b>TOTAL</b> 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 1217 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. STEVEN L. THORNTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4196 Salem Drive

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283245**

Amount of Each Receipt this Period 10.00

**B. STEVEN L. THORNTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4196 Salem Drive

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283613**

Amount of Each Receipt this Period 10.00

**C. STEVEN L. THORNTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4196 Salem Drive

City Columbus State OH Zip Code 43228

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283976**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 30.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1218 OF 1358
	<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. JOHN THORSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 555 Selby Avenue

City Saint Paul State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/CN14 Occupation POLITICAL ACTION REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.284496**

Amount of Each Receipt this Period  
**71.14**

**B. GINGER THRASHER**  
Full Name (Last, First, Middle Initial)

Mailing Address 13807 Oink Joint Road

City Wadena State MN Zip Code 56482

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 65 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 06 / 2012**

**Transaction ID : SA11AI.284536**

Amount of Each Receipt this Period  
**40.00**

**C. PAUL TIDMARSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1676 Larpenteur Avenue E.

City St. Paul State MN Zip Code 55109-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 30 / 2012**

**Transaction ID : SA11AI.286697**

Amount of Each Receipt this Period  
**20.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>131.14</b>
<b>TOTAL</b> This Period (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 1219 OF 1358
	<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. PAUL TIDMARSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1676 Larpenteur Avenue E.

City	State	Zip Code
St. Paul	MN	55109-4608

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286753**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								20.00

**B. MATTHEW K. TINAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 1544 Kewalo Street  
Unit 203

City	State	Zip Code
Honolulu	HI	96822-4248

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 ▼ **336.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.285076**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								42.00

**C. PAUL E. TOALSTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1750 Miday Avenue NE

City	State	Zip Code
East Canton	OH	44730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME OH LOC 4/OSNABURG LSD	CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **272.78**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282580**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0
								19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>81.24</b>
<b>TOTAL</b> This Period (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 1220 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. TAMARA L. TOCHER</b>			Date of Receipt
Mailing Address 321 SE 19th Street			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281717</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.68"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1584.96"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TAMARA L. TOCHER</b>			Date of Receipt
Mailing Address 321 SE 19th Street			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281909</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.68"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1655.64"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TAMARA L. TOCHER</b>			Date of Receipt
Mailing Address 321 SE 19th Street			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282101</b>
Olympia	WA	98501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.68"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1726.32"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="212.04"/>
<b>TOTAL</b> 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 1221 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. DAPHNE M. TODD</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283246</b>		
Mailing Address 6716 North Court			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PUBLICATION SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

Full Name (Last, First, Middle Initial) <b>B. DAPHNE M. TODD</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.283614</b>		
Mailing Address 6716 North Court			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PUBLICATION SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. DAPHNE M. TODD</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283977</b>		
Mailing Address 6716 North Court			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43229			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation PUBLICATION SPECIALIST			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> This Period (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 1222 OF 1358
	<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. ADDLEY R. TOLE JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 41628 Mountain View Place E

City	State	Zip Code
Goldbar	WA	98251

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28	COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284107**

Amount of Each Receipt this Period  

80.26	80.26	80.26	80.26	80.26
-------	-------	-------	-------	-------

**21.00**

**B. ADDLEY R. TOLE JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 41628 Mountain View Place E

City	State	Zip Code
Goldbar	WA	98251

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28	COUNCIL REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284156**

Amount of Each Receipt this Period  

80.26	80.26	80.26	80.26	80.26
-------	-------	-------	-------	-------

**21.00**

**C. LEIGH TOMLINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 930 Stag Thicket Lane

City	State	Zip Code
Mason	MI	48854-1400

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MI CN 25	ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **879.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.284267**

Amount of Each Receipt this Period  

80.26	80.26	80.26	80.26	80.26
-------	-------	-------	-------	-------

**38.26**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.26</b>
<b>TOTAL</b> This Period (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 1223 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LEIGH TOMLINSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 930 Stag Thicket Lane  
 City Mason State MI Zip Code 48854-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MI CN 25 Occupation ACCTG. /HUMAN RESOURCE DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 918.24

Date of Receipt 12 / 19 / 2012  
**Transaction ID : SA11AI.284315**  
 Amount of Each Receipt this Period 38.26

**B. ROSELLA P. TOPE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9839 Oaklane Drive SE  
 City Waynesburg State OH Zip Code 44688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/SANDY VALLEY Occupation TEACHER AIDE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282581**  
 Amount of Each Receipt this Period 38.46

**C. TOM TOSTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 327 Lincoln Avenue  
 City Bristol State PA Zip Code 19007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1430.18

Date of Receipt 12 / 12 / 2012  
**Transaction ID : SA11AI.282720**  
 Amount of Each Receipt this Period 115.68

**SUBTOTAL** of Receipts This Page (optional).....▶ 192.40  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1224 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. ALEXANDRA TOWNSEND</b>		Date of Receipt
Mailing Address 3412 Knipp Drive Suite 102		M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012
City	State	Zip Code
Jefferson City	MO	65109
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.284544	
	Amount of Each Receipt this Period	
	18.75	
Name of Employer	Occupation	
AFSCME MO CN 72	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	387.68	

Full Name (Last, First, Middle Initial) <b>B. DOROTHY TOWNSEND</b>		Date of Receipt
Mailing Address 2418 Central Avenue		M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012
City	State	Zip Code
Indianapolis	IN	46205
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.281718	
	Amount of Each Receipt this Period	
	65.48	
Name of Employer	Occupation	
AFSCME INT'L	REGIONAL DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1425.61	

Full Name (Last, First, Middle Initial) <b>C. DOROTHY TOWNSEND</b>		Date of Receipt
Mailing Address 2418 Central Avenue		M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012
City	State	Zip Code
Indianapolis	IN	46205
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.281910	
	Amount of Each Receipt this Period	
	65.48	
Name of Employer	Occupation	
AFSCME INT'L	REGIONAL DIRECTOR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1491.09	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.71
<b>TOTAL</b> This Period (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 1225 OF 1358
	<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. DOROTHY TOWNSEND**  
Full Name (Last, First, Middle Initial)

Mailing Address 2418 Central Avenue

City Indianapolis State IN Zip Code 46205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1556.57

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 21 / 2012

**Transaction ID : SA11AI.282102**

Amount of Each Receipt this Period  
 65.48

**B. DAVID K. TRASK Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2271 Aulii Street

City Honolulu State HI Zip Code 96817-1530

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 05 / 2012

**Transaction ID : SA11AI.285077**

Amount of Each Receipt this Period  
 20.00

**C. ROYCE TREADAWAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 38 Shipway

City Baltimore State MD Zip Code 21222

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.284457**

Amount of Each Receipt this Period  
 45.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.48
<b>TOTAL</b> This Period (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 1226 OF 1358
	<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. VON TREAS**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **835.16**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282721**

Amount of Each Receipt this Period  
**72.73**

**B. SOLVEIG TRIPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285833**

Amount of Each Receipt this Period  
**10.00**

**C. SOLVEIG TRIPP**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286109**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **92.73**

**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 1227 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. LISA TROVALLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4031 Executive Park Drive  
 City Harrisburg State PA Zip Code 17111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 865.59

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.282722**  
 Amount of Each Receipt this Period  
 119.49

**B. HARVEY E. TRUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1180 Sportsman Road  
 City Penn Run State PA Zip Code 15765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.282795**  
 Amount of Each Receipt this Period  
 24.00

**C. HARVEY E. TRUITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1180 Sportsman Road  
 City Penn Run State PA Zip Code 15765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012  
**Transaction ID : SA11AI.282874**  
 Amount of Each Receipt this Period  
 24.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	167.49
<b>TOTAL</b> This Period (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 1228 OF 1358
	<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. LANI E. TSUNEISHI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6847 Niumalu Loop  
 City Honolulu State HI Zip Code 96825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.285079**  
 Amount of Each Receipt this Period 200.00

**B. GARY D. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 647 State Highway 267  
 City Murrayville State IL Zip Code 62668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285443**  
 Amount of Each Receipt this Period 20.84

**C. GARY D. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 647 State Highway 267  
 City Murrayville State IL Zip Code 62668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285564**  
 Amount of Each Receipt this Period 10.42

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.26  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1229 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. GEORGE R. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13925 Sylvania Avenue  
 City Berkey State OH Zip Code 43504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.284375**  
 Amount of Each Receipt this Period  
 87.32

**B. JAYMA L. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 647 State Highway 267  
 City Murrayville State IL Zip Code 62668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 239.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285444**  
 Amount of Each Receipt this Period  
 20.84

**C. JAYMA L. TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 647 State Highway 267  
 City Murrayville State IL Zip Code 62668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.08

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285565**  
 Amount of Each Receipt this Period  
 10.42

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.58
<b>TOTAL</b> This Period (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 1230 OF 1358
	<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. YULANDA TUCKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1217 Dalton Road

City Parkville	State MD	Zip Code 21234
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 67	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
231.21

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		04		2012

**Transaction ID : SA11AI.284424**

Amount of Each Receipt this Period  
22.02

**B. BONITA J. TUCKER-MERCADO**  
Full Name (Last, First, Middle Initial)

Mailing Address 12106 Leeila Avenue

City Cleveland	State OH	Zip Code 44135
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CUYAHOGA COUNTY	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
327.08

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		04		2012

**Transaction ID : SA11AI.282583**

Amount of Each Receipt this Period  
19.24

**C. BONITA J. TUCKER-MERCADO**  
Full Name (Last, First, Middle Initial)

Mailing Address 12106 Leeila Avenue

City Cleveland	State OH	Zip Code 44135
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CUYAHOGA COUNTY	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.56

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		20		2012

**Transaction ID : SA11AI.282584**

Amount of Each Receipt this Period  
38.48

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	79.74
<b>TOTAL</b> This Period (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 1231 OF 1358
	<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. ELIZABETH A. TURNBOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4443 Libby Road NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation LEAD ORGANIZER
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **462.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284108**

Amount of Each Receipt this Period  

42.00
-------

**B. ELIZABETH A. TURNBOW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4443 Libby Road NE

City Olympia	State WA	Zip Code 98506
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28	Occupation LEAD ORGANIZER
-------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.284157**

Amount of Each Receipt this Period  

42.00
-------

**C. DELBERTA J. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4433 Crumley Road SW

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation COOK
---	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282325**

Amount of Each Receipt this Period  

12.50
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>96.50</b>
<b>TOTAL</b> This Period (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 1232 OF 1358
	<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. DELBERTA J. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4433 Crumley Road SW

City Lancaster	State OH	Zip Code 43130
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation COOK
---	--------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282356**

Amount of Each Receipt this Period  

95.86	95.86	95.86	95.86	95.86
<b>12.50</b>				

**B. JENNIFER D. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1339 S Pickaway Street

City Circlevile	State OH	Zip Code 43113
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/FRANKLIN CNTY	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.08**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282585**

Amount of Each Receipt this Period  

95.86	95.86	95.86	95.86	95.86
<b>41.68</b>				

**C. JENNIFER D. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1339 S Pickaway Street

City Circlevile	State OH	Zip Code 43113
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/FRANKLIN CNTY	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	27	/	2012

**Transaction ID : SA11AI.282586**

Amount of Each Receipt this Period  

95.86	95.86	95.86	95.86	95.86
<b>41.68</b>				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.86</b>
<b>TOTAL</b> This Period (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 1233 OF 1358
<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. MICHELLE N. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8707 Township Road 34

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
264.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283248**

Amount of Each Receipt this Period  

11.00
-------

**B. MICHELLE N. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8707 Township Road 34

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283616**

Amount of Each Receipt this Period  

11.00
-------

**C. MICHELLE N. TURNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 8707 Township Road 34

City Galion	State OH	Zip Code 44833
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
286.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283979**

Amount of Each Receipt this Period  

11.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	33.00
<b>TOTAL</b> This Period (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 1234 OF 1358
	<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. THOMAS TVEIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285835**

Amount of Each Receipt this Period  

62.00
-------

**10.00**

**B. THOMAS TVEIT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286111**

Amount of Each Receipt this Period  

62.00
-------

**10.00**

**C. TIMM TWARDOSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1897 Wooten Road

City Helena	State MT	Zip Code 59602
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MT CN 9	Occupation STAFF REPRESENTATIVE
------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286920**

Amount of Each Receipt this Period  

62.00
-------

**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>62.00</b>
<b>TOTAL</b> This Period (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 1235 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TIMM TWARDOSKI</b>			Date of Receipt
Mailing Address 1897 Wooten Road			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286921</b>
Helena	MT	59602	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="21.00"/>
Name of Employer AFSCME MT CN 9		Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="252.00"/>	

Full Name (Last, First, Middle Initial) <b>B. JOHN TWIFORD</b>			Date of Receipt
Mailing Address 4031 Executive Park Drive			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282723</b>
Harrisburg	PA	17111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="62.56"/>
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 ▼	
		<input type="text" value="788.77"/>	

Full Name (Last, First, Middle Initial) <b>C. JOHN TIM ULIASZ</b>			Date of Receipt
Mailing Address 9208 Lake Hill Road			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.287318</b>
Santee	CA	92071	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="40.00"/>
Name of Employer AFSCME CA LOC 1199/COPE		Occupation NURSE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="123.56"/>
<b>TOTAL</b> 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 1236 OF 1358
	<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. JOHN TIM ULIASZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Lake Hill Road

City Santee State CA Zip Code 92071

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.287208**

Amount of Each Receipt this Period 20.00

**B. JOHN TIM ULIASZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 9208 Lake Hill Road

City Santee State CA Zip Code 92071

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA LOC 1199/COPE Occupation NURSE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.287296**

Amount of Each Receipt this Period 20.00

**C. JAMES ULLMER Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 6911 58th Avenue N.

City Crystal State MN Zip Code 55428-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.286698**

Amount of Each Receipt this Period 22.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00

**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 1237 OF 1358
	<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"/>	<input type="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. JAMES ULLMER Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6911 58th Avenue N.  
City Crystal State MN Zip Code 55428-3411  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **274.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.286754**  
Amount of Each Receipt this Period **22.00**

**B. TROY A. ULREY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 308 N. Division  
City Oblong State IL Zip Code 62449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **323.40**

Date of Receipt **12 / 03 / 2012**  
**Transaction ID : SA11AI.285445**  
Amount of Each Receipt this Period **29.40**

**C. TROY A. ULREY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 308 N. Division  
City Oblong State IL Zip Code 62449  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation CORRECTIONAL OFFICER  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **352.80**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.285566**  
Amount of Each Receipt this Period **29.40**

**SUBTOTAL** of Receipts This Page (optional)..... **80.80**  
**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 1238 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JOSE URIBE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281719</b>
Mailing Address 1707 Lindig Street Apt. 7		Amount of Each Receipt this Period 18.92
City St. Paul	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.04	

Full Name (Last, First, Middle Initial) <b>B. JOSE URIBE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281911</b>
Mailing Address 1707 Lindig Street Apt. 7		Amount of Each Receipt this Period 18.92
City St. Paul	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 379.96	

Full Name (Last, First, Middle Initial) <b>C. JOSE URIBE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2012 <b>Transaction ID : SA11AI.282103</b>
Mailing Address 1707 Lindig Street Apt. 7		Amount of Each Receipt this Period 18.92
City St. Paul	State MN	Zip Code 55113
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 398.88	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	56.76
<b>TOTAL</b> This Period (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 1239 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. BARBARA S. UWEKOOLANI</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.285080</b>
Mailing Address 888 Mililani Street Suite 601		Amount of Each Receipt this Period 20.00
City Honolulu	State HI	
Zip Code 96813-2991		Aggregate Year-to-Date ▼ 270.00
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>B. KRISelda VALDERRAMA-LOBO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281720</b>
Mailing Address 9303 Shady Tree Court		Amount of Each Receipt this Period 32.53
City Fort Washington	State MD	
Zip Code 20744		Aggregate Year-to-Date ▼ 542.83
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation STRATEGIC COMMUNICATIONS SPECIALIS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) <b>C. KRISelda VALDERRAMA-LOBO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281912</b>
Mailing Address 9303 Shady Tree Court		Amount of Each Receipt this Period 32.53
City Fort Washington	State MD	
Zip Code 20744		Aggregate Year-to-Date ▼ 575.36
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME INT'L	Occupation STRATEGIC COMMUNICATIONS SPECIALIS	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.06
<b>TOTAL</b> This Period (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 1240 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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**

Full Name (Last, First, Middle Initial) <b>A. KRISelda VALDERRAMA-LOBO</b>		Date of Receipt
Mailing Address 9303 Shady Tree Court		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Fort Washington MD 20744		<b>Transaction ID : SA11AI.282104</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="32.53"/>
Name of Employer AFSCME INT'L	Occupation STRATEGIC COMMUNICATIONS SPECIALIS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="607.89"/>	

Full Name (Last, First, Middle Initial) <b>B. KAREN VALENTINE</b>		Date of Receipt
Mailing Address 702 Ponderosa Road		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Magnolia DE 19962		<b>Transaction ID : SA11AI.284550</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="65.34"/>
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="787.19"/>	

Full Name (Last, First, Middle Initial) <b>C. ROBERT M. VALENTINE</b>		Date of Receipt
Mailing Address 1226 W Main Street		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Ashland OH 44805		<b>Transaction ID : SA11AI.283250</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="11.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation BRIDGE SPECIALIST II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="264.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="108.87"/>
<b>TOTAL</b> 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 1241 OF 1358
	<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. ROBERT M. VALENTINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1226 W Main Street

City Ashland State OH Zip Code 44805

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation BRIDGE SPECIALIST II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283618**

Amount of Each Receipt this Period 11.00

**B. ROBERT M. VALENTINE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1226 W Main Street

City Ashland State OH Zip Code 44805

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation BRIDGE SPECIALIST II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283981**

Amount of Each Receipt this Period 11.00

**C. OSVALDO VALENZUELA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6962 N. Hamilton Avenue #E

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 745.14

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284908**

Amount of Each Receipt this Period 67.74

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.74

**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: (check only one)	PAGE 1242 OF 1358
	<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. OSVALDO VALENZUELA**  
Full Name (Last, First, Middle Initial)

Mailing Address 6962 N. Hamilton Avenue  
#E

City Chicago State IL Zip Code 60645

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
812.88

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
**Transaction ID : SA11AI.284727**

Amount of Each Receipt this Period  
67.74

**B. JANICE VARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
202.02

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012  
**Transaction ID : SA11AI.286607**

Amount of Each Receipt this Period  
38.48

**C. JANICE VARNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.286477**

Amount of Each Receipt this Period  
9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.84
<b>TOTAL</b> This Period (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 1243 OF 1358
	<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. DONALD L. VAUGHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7614 187th Avenue SW

City Rochester State WA Zip Code 98579

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation WORKERS COMPENSATION TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285836**

Amount of Each Receipt this Period  
 20.00

**B. DONALD L. VAUGHAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7614 187th Avenue SW

City Rochester State WA Zip Code 98579

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation WORKERS COMPENSATION TECH

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286112**

Amount of Each Receipt this Period  
 20.00

**C. FRANK VEHAFRIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 SW Tualatin Street

City Sherwood State OR Zip Code 97140

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.285104**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1244 OF 1358
	<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. FRANK VEHAFRIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 230 SW Tualatin Street

City Sherwood State OR Zip Code 97140

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285126**

Amount of Each Receipt this Period  
 20.00

**B. STEPHEN T. VELDHEER**  
Full Name (Last, First, Middle Initial)

Mailing Address 21733 Homer Street

City Dearborn State MI Zip Code 48124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZING COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 683.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281721**

Amount of Each Receipt this Period  
 31.58

**C. STEPHEN T. VELDHEER**  
Full Name (Last, First, Middle Initial)

Mailing Address 21733 Homer Street

City Dearborn State MI Zip Code 48124

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ORGANIZING COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 714.72

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281913**

Amount of Each Receipt this Period  
 31.58

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.16
<b>TOTAL</b> This Period (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 1245 OF 1358  
(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. STEPHEN T. VELDHEER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21733 Homer Street  
 City Dearborn State MI Zip Code 48124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ORGANIZING COORDINATOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 746.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282105**  
 Amount of Each Receipt this Period  
 31.58

**B. ALDO E. VENNETTILLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1087 Country Coach Drive  
 City Henderson State NV Zip Code 89002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2030.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281722**  
 Amount of Each Receipt this Period  
 90.06

**C. ALDO E. VENNETTILLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1087 Country Coach Drive  
 City Henderson State NV Zip Code 89002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2120.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281914**  
 Amount of Each Receipt this Period  
 90.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.70  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1246 OF 1358
	<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. ALDO E. VENNETTILLI**  
Full Name (Last, First, Middle Initial)

Mailing Address 1087 Country Coach Drive

City Henderson State NV Zip Code 89002

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2210.92**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 21 / 2012**

**Transaction ID : SA11AI.282106**

Amount of Each Receipt this Period  
**90.06**

**B. ANTHONY VERNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Meadow Lane

City Athens State OH Zip Code 45701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.282184**

Amount of Each Receipt this Period  
**60.00**

**C. ANTHONY VERNELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Meadow Lane

City Athens State OH Zip Code 45701

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **790.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.282240**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **180.06**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1247 OF 1358
<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. ANTHONY VERNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Meadow Lane  
 City Athens State OH Zip Code 45701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation REGIONAL DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282295**  
 Amount of Each Receipt this Period  
 30.00

**B. MATTHEW S. VESTER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Tandem Avenue NE  
 City Salem State OR Zip Code 97301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285321**  
 Amount of Each Receipt this Period  
 20.00

**C. LINDA VILLEGAR-FIRTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3444 Fay Avenue  
 City Carson City State CA Zip Code 90232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME CA CN 36 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286970**  
 Amount of Each Receipt this Period  
 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (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 1248 OF 1358
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TONY L. VILLHAUER</b>		Date of Receipt
Mailing Address 155 Stanwyck Drive		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Iowa City	IA	52240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286608</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	<input type="text" value="41.64"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="218.61"/>	

Full Name (Last, First, Middle Initial) <b>B. TONY L. VILLHAUER</b>		Date of Receipt
Mailing Address 155 Stanwyck Drive		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City	State	Zip Code
Iowa City	IA	52240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286478</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	<input type="text" value="10.41"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="229.02"/>	

Full Name (Last, First, Middle Initial) <b>C. SUSAN VOGEL</b>		Date of Receipt
Mailing Address 4320 NW Second Avenue		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Des Moines	IA	50313
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.286609</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IA CN 61/STATE OF IA	STAFF REPRESENTATIVE	<input type="text" value="59.28"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="311.22"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="111.33"/>
<b>TOTAL</b> 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 1249 OF 1358
	<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. SUSAN VOGEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines	State IA	Zip Code 50313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.04**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2012

**Transaction ID : SA11AI.286479**

Amount of Each Receipt this Period  

14.82
-------

**B. LOUIS VOLPI JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 Forest Blvd.  
#A

City Park Forest	State IL	Zip Code 60466
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation MENTAL HEALTH TECH I
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285447**

Amount of Each Receipt this Period  

42.00
-------

**C. LOUIS VOLPI JR.**  
Full Name (Last, First, Middle Initial)

Mailing Address 195 Forest Blvd.  
#A

City Park Forest	State IL	Zip Code 60466
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation MENTAL HEALTH TECH I
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285567**

Amount of Each Receipt this Period  

21.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>77.82</b>
<b>TOTAL</b> This Period (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 1250 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ANNIE WACKER</b>			Date of Receipt
Mailing Address 326 S. 82nd Street			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286866</b>
Milwaukee	WI	53214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.00"/>
Name of Employer	Occupation		
AFSCME WI CN 48/LOCAL 1954	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="566.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ANNIE WACKER</b>			Date of Receipt
Mailing Address 326 S. 82nd Street			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286865</b>
Milwaukee	WI	53214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME WI CN 48/LOCAL 1954	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="606.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MELVIN H. WADE</b>			Date of Receipt
Mailing Address 534 Gerritt			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282798</b>
Philadelphia	PA	19147	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> 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 1251 OF 1358
	<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. MELVIN H. WADE**  
Full Name (Last, First, Middle Initial)

Mailing Address 534 Gerritt

City Philadelphia State PA Zip Code 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282877**

Amount of Each Receipt this Period 20.00

**B. SUSAN L. WAGONER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5434 Briardale Lane Apt. E

City Dublin State OH Zip Code 43016

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 715.10

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284376**

Amount of Each Receipt this Period 70.84

**C. JUDITH VIOLA WAHLBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5069 County Road

City Mountain Iron State MN Zip Code 55768

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286843**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.84

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1252 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JUDITH VIOLA WAHLBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5069 County Road

City Mountain Iron State MN Zip Code 55768

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286860**

Amount of Each Receipt this Period **105.00**

**B. JUDITH VIOLA WAHLBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5069 County Road

City Mountain Iron State MN Zip Code 55768

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.286844**

Amount of Each Receipt this Period **15.00**

**C. JUDITH VIOLA WAHLBERG**  
Full Name (Last, First, Middle Initial)

Mailing Address 5069 County Road

City Mountain Iron State MN Zip Code 55768

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MN CN 5/ST LOUIS COUNTY Occupation CHILDCARE PROVIDER REP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 26 / 2012**

**Transaction ID : SA11AI.286845**

Amount of Each Receipt this Period **15.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>135.00</b>
<b>TOTAL</b> This Period (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 1253 OF 1358
	(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"/> 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**

Full Name (Last, First, Middle Initial) <b>A. ARTHUR E. WAKE III</b>			Date of Receipt
Mailing Address 1203 NE 135th Street			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286189</b>
Seattle	WA	98125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/UNIV OF WA	PAINTER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="570.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ARTHUR E. WAKE III</b>			Date of Receipt
Mailing Address 1203 NE 135th Street			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286176</b>
Seattle	WA	98125	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/UNIV OF WA	PAINTER		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MARGARET WALCOTT</b>			Date of Receipt
Mailing Address 200 Martin Luther King Jr. Blvd.			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282326</b>
Columbus	OH	43203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/COLUMBUS CITY	CUSTODIAN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="95.00"/>
<b>TOTAL</b> 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 1254 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. MARGARET WALCOTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Martin Luther King Jr. Blvd.  
 City Columbus State OH Zip Code 43203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.282357**  
 Amount of Each Receipt this Period  
 25.00

**B. FLORA M. WALKER**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 3210.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.281723**  
 Amount of Each Receipt this Period  
 145.91

**C. FLORA M. WALKER**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 3355.93

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281915**  
 Amount of Each Receipt this Period  
 145.91

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	316.82
<b>TOTAL</b> This Period (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 1255 OF 1358
	<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. FLORA M. WALKER**  
Full Name (Last, First, Middle Initial)

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 ▼ 3501.84

Date of Receipt 12 / 21 / 2012  
**Transaction ID : SA11AI.282107**

Amount of Each Receipt this Period 145.91

**B. KIRK A. WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 56 Orel Avenue

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 236.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.283253**

Amount of Each Receipt this Period 10.00

**C. KIRK A. WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 56 Orel Avenue

City Columbus State OH Zip Code 43204

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ACCOUNTANT/EXAMINER III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 246.00

Date of Receipt 12 / 14 / 2012  
**Transaction ID : SA11AI.283621**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 165.91

**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: (check only one)	PAGE 1256 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KIRK A. WALKER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283984</b>		
Mailing Address 56 Orel Avenue			Amount of Each Receipt this Period 10.00		
City Columbus	State OH	Zip Code 43204			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation ACCOUNTANT/EXAMINER III			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 256.00			

Full Name (Last, First, Middle Initial) <b>B. NAOMI A. WALKER</b>			Date of Receipt M M / D D / Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.281724</b>		
Mailing Address 1625 L Street NW			Amount of Each Receipt this Period 62.60		
City Washington	State DC	Zip Code 20036			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSISTANT TO THE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.60			

Full Name (Last, First, Middle Initial) <b>C. NAOMI A. WALKER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 11 / 2012 <b>Transaction ID : SA11AI.281916</b>		
Mailing Address 1625 L Street NW			Amount of Each Receipt this Period 62.60		
City Washington	State DC	Zip Code 20036			
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME INT'L		Occupation ASSISTANT TO THE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 438.20			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	135.20
<b>TOTAL</b> This Period (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 1257 OF 1358
	<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. NAOMI A. WALKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1625 L Street NW

City Washington	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L	Occupation ASSISTANT TO THE PRESIDENT
----------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.80

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.282108**

Amount of Each Receipt this Period  
62.60

**B. ANGELA M. WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 387 Chatterly Lane

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation GRANTS COORDINATOR 2
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283255**

Amount of Each Receipt this Period  
10.00

**C. ANGELA M. WALLACE**  
Full Name (Last, First, Middle Initial)

Mailing Address 387 Chatterly Lane

City Columbus	State OH	Zip Code 43207
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation GRANTS COORDINATOR 2
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283623**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	82.60
<b>TOTAL</b> This Period (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 1258 OF 1358
	<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. ANGELA M. WALLACE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 387 Chatterly Lane  
 City Columbus State OH Zip Code 43207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation GRANTS COORDINATOR 2  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.283986**  
 Amount of Each Receipt this Period 10.00

**B. KATHLEEN M. WALPOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 East Cayuga Street  
 City Oswego State NY Zip Code 13126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt 11 / 27 / 2012  
**Transaction ID : SA11AI.286213**  
 Amount of Each Receipt this Period 38.48

**C. KATHLEEN M. WALPOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 East Cayuga Street  
 City Oswego State NY Zip Code 13126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 442.52

Date of Receipt 12 / 05 / 2012  
**Transaction ID : SA11AI.286227**  
 Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.72  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1259 OF 1358
	<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. KATHLEEN M. WALPOLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 East Cayuga Street  
 City Oswego State NY Zip Code 13126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **461.76**

Date of Receipt **12 / 19 / 2012**  
**Transaction ID : SA11AI.286241**  
 Amount of Each Receipt this Period **19.24**

**B. THOMAS P. WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7162 Brian Way  
 City Centerville State MN Zip Code 55038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 30 / 2012**  
**Transaction ID : SA11AI.286700**  
 Amount of Each Receipt this Period **20.00**

**C. THOMAS P. WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7162 Brian Way  
 City Centerville State MN Zip Code 55038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME MN CN 5/STATE OF MN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt **12 / 28 / 2012**  
**Transaction ID : SA11AI.286756**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **59.24**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1260 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. WILLIAM WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Jefferson Avenue  
 City Centereach State NY Zip Code 11720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/BROOKHAVEN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.02

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286325**  
 Amount of Each Receipt this Period  
 28.86

**B. WILLIAM WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Jefferson Avenue  
 City Centereach State NY Zip Code 11720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/BROOKHAVEN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.286346**  
 Amount of Each Receipt this Period  
 9.62

**C. WILLIAM WALSH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16 Jefferson Avenue  
 City Centereach State NY Zip Code 11720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME NY LOC 1000/BROOKHAVEN Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.26

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2012  
**Transaction ID : SA11AI.286347**  
 Amount of Each Receipt this Period  
 9.62

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.10
<b>TOTAL</b> This Period (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 1261 OF 1358
	<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. WILLIAM WALSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Jefferson Avenue

City Centereach State NY Zip Code 11720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NY LOC 1000/BROOKHAVEN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.286348**

Amount of Each Receipt this Period  
9.62

**B. BARBARA J. WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13975 State Route 7

City Proctorville State OH Zip Code 45669-9739

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/FAIRLAND LSD Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 373.44

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.282589**

Amount of Each Receipt this Period  
41.68

**C. BARBARA J. WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 13975 State Route 7

City Proctorville State OH Zip Code 45669-9739

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/FAIRLAND LSD Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 394.28

Date of Receipt  
12 / 27 / 2012  
**Transaction ID : SA11AI.282590**

Amount of Each Receipt this Period  
20.84

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 72.14

**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 1262 OF 1358
<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. JAMES A. WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5692 Northpointe Parkway

City Lorain	State OH	Zip Code 44053
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LORAIN COUNTY	Occupation SOCIAL SERVICE AIDE
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2012

**Transaction ID : SA11AI.282591**

Amount of Each Receipt this Period  

42.00
-------

**B. JAMES A. WARD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5692 Northpointe Parkway

City Lorain	State OH	Zip Code 44053
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/LORAIN COUNTY	Occupation SOCIAL SERVICE AIDE
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2012

**Transaction ID : SA11AI.282592**

Amount of Each Receipt this Period  

42.00
-------

**C. MARION E J. WARE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4156 Berrybush Drive

City Columbus	State OH	Zip Code 43230
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation BUS DRIVER
---	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282327**

Amount of Each Receipt this Period  

12.50
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.50</b>
<b>TOTAL</b> This Period (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 1263 OF 1358
	<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. MARION E J. WARE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4156 Berrybush Drive

City Columbus State OH Zip Code 43230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation BUS DRIVER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.282358**

Amount of Each Receipt this Period 12.50

**B. LORRAINE K. WAREHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3604 Teakwood

City Springfield State IL Zip Code 62712

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MANPOWER PLANNER III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285448**

Amount of Each Receipt this Period 40.00

**C. LORRAINE K. WAREHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 3604 Teakwood

City Springfield State IL Zip Code 62712

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation MANPOWER PLANNER III

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285568**

Amount of Each Receipt this Period 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 92.50

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1264 OF 1358
	<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. CYNTHIA D. WARREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2268 Bryn Mawr Avenue

City Philadelphia State PA Zip Code 19131

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.282799**

Amount of Each Receipt this Period 20.00

**B. CYNTHIA D. WARREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2268 Bryn Mawr Avenue

City Philadelphia State PA Zip Code 19131

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2012  
**Transaction ID : SA11AI.282878**

Amount of Each Receipt this Period 20.00

**C. WILLIAM R. WARREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5029 N Elm Street

City Spokane State WA Zip Code 99205

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/COMM COLLEGE Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.286188**

Amount of Each Receipt this Period 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1265 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. DAVID WARRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.286930**

Amount of Each Receipt this Period  
 180.00

**B. DAVID WARRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2012  
**Transaction ID : SA11AI.284189**

Amount of Each Receipt this Period  
 70.00

**C. DAVID WARRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62 Occupation EXECUTIVE DIRECTOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1610.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.286931**

Amount of Each Receipt this Period  
 60.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	310.00
<b>TOTAL</b> This Period (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 1266 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DAVID WARRICK</b>			Date of Receipt
Mailing Address 2638 Jay Court			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284219</b>
Indianapolis	IN	46229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="70.00"/>
Name of Employer	Occupation		
AFSCME IN CN 62	EXECUTIVE DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1680.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. SYLVIA J. WARRICK</b>			Date of Receipt
Mailing Address 2638 Jay Court			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286932</b>
Indianapolis	IN	46229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="110.00"/>
Name of Employer	Occupation		
AFSCME IN CN 62/STATE OF IN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="345.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. SYLVIA J. WARRICK</b>			Date of Receipt
Mailing Address 2638 Jay Court			<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286933</b>
Indianapolis	IN	46229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME IN CN 62/STATE OF IN	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="355.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
<b>TOTAL</b> 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 1267 OF 1358
	<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. SYLVIA J. WARRICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 2638 Jay Court

City Indianapolis State IN Zip Code 46229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62/STATE OF IN Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.286934**

Amount of Each Receipt this Period 10.00

**B. ANDRE' J. WASHINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Knollwood Drive

City Perrysburg State OH Zip Code 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.76

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282185**

Amount of Each Receipt this Period 38.48

**C. ANDRE' J. WASHINGTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 Knollwood Drive

City Perrysburg State OH Zip Code 43551

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 481.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282241**

Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.72

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1268 OF 1358
	<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. ANDRE' J. WASHINGTON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 45 Knollwood Drive  
 City Perrysburg State OH Zip Code 43551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4 Occupation FIELD REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2012  
**Transaction ID : SA11AI.282296**  
 Amount of Each Receipt this Period  
**19.24**

**B. ALTON WATANABE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 836 Paloma Street  
 City Wailuku State HI Zip Code 96793  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285081**  
 Amount of Each Receipt this Period  
**25.00**

**C. SUSAN M. WATANABE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Mililani Street Suite 601  
 City Honolulu State HI Zip Code 96813-2991  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **276.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285082**  
 Amount of Each Receipt this Period  
**23.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>67.24</b>
<b>TOTAL</b> This Period (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 1269 OF 1358
<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. ERNEST WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13216 S. Casimir Avenue

City Gardena	State CA	Zip Code 90249
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/PUBLIC TRANSP	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286949**

Amount of Each Receipt this Period  

30.00
-------

**B. ERNEST WATERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 13216 S. Casimir Avenue

City Gardena	State CA	Zip Code 90249
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36/PUBLIC TRANSP	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2012

**Transaction ID : SA11AI.286958**

Amount of Each Receipt this Period  

30.00
-------

**C. TERRY Y. WATKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 444 East Main Street

City New Britain	State CT	Zip Code 06051-0000
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CT CN 4/STATE OF CT	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

**Transaction ID : SA11AI.287357**

Amount of Each Receipt this Period  

8.00
------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>68.00</b>
<b>TOTAL</b> This Period (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 1270 OF 1358
	<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	<input type="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. JAMES M. WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2407 45th Street NE

City Canton State OH Zip Code 44705

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CANTON CITY Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282594**

Amount of Each Receipt this Period 19.24

**B. KEVIN J. WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1771 225th Place

City Sauk Village State IL Zip Code 60411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 605.66

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.284909**

Amount of Each Receipt this Period 55.06

**C. KEVIN J. WATSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1771 225th Place

City Sauk Village State IL Zip Code 60411

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.72

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284728**

Amount of Each Receipt this Period 55.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 129.36

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1271 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. WENDY G. WATSON</b>		Date of Receipt
Mailing Address 1800 Audrey Road		M M M / D D D / Y Y Y Y Y Y 12 / 10 / 2012
City	State	Zip Code
Columbus	OH	43224
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.282328
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period
		15.63
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	406.38	

Full Name (Last, First, Middle Initial) <b>B. WENDY G. WATSON</b>		Date of Receipt
Mailing Address 1800 Audrey Road		M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2012
City	State	Zip Code
Columbus	OH	43224
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : SA11AI.282359
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		15.63
Name of Employer	Occupation	
AFSCME OH LOC 4/COLUMBUS CITY	BUS DRIVER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	422.01	

Full Name (Last, First, Middle Initial) <b>C. JEFFERY M. WATT</b>		Date of Receipt
Mailing Address 1299 Westwood Avenue		M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
City	State	Zip Code
Grandview	OH	43212
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID : SA11AI.283257
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		10.00
Name of Employer	Occupation	
AFSCME OH LOC 11/STATE OF OH	VIDEOGRAPHER	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	240.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.26
<b>TOTAL</b> This Period (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 1272 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. JEFFERY M. WATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 Westwood Avenue

City Grandview State OH Zip Code 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation VIDEOGRAPHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
12 / 14 / 2012  
**Transaction ID : SA11AI.283625**

Amount of Each Receipt this Period  
10.00

**B. JEFFERY M. WATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 Westwood Avenue

City Grandview State OH Zip Code 43212

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation VIDEOGRAPHER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.283988**

Amount of Each Receipt this Period  
10.00

**C. BRENDA WATTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3146 Redwood Road

City Cleveland Hts. State OH Zip Code 44118

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.50

Date of Receipt  
12 / 04 / 2012  
**Transaction ID : SA11AI.282597**

Amount of Each Receipt this Period  
12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 32.50

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1273 OF 1358
	<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. BRENDA WATTS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3146 Redwood Road

City Cleveland Hts. State OH Zip Code 44118

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/CLEVELAND HGHTS Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **12 / 20 / 2012**

**Transaction ID : SA11AI.282598**

Amount of Each Receipt this Period **12.50**

**B. JO ANN WAUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 4031 Executive Park Drive

City Harrisburg State PA Zip Code 17111

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **763.77**

Date of Receipt **12 / 12 / 2012**

**Transaction ID : SA11AI.282724**

Amount of Each Receipt this Period **62.56**

**C. LONITA M. WAYBRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 3929 Whitemarsh Lane

City Edgewater State MD Zip Code 21037

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, BENEFITS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1869.90**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281725**

Amount of Each Receipt this Period **85.41**

**SUBTOTAL** of Receipts This Page (optional)..... **160.47**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1274 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. LONITA M. WAYBRIGHT</b>		Date of Receipt
Mailing Address 3929 Whitmarsh Lane		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Edgewater MD 21037		<b>Transaction ID : SA11AI.281917</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.41"/>
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, BENEFITS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1955.31"/>	

Full Name (Last, First, Middle Initial) <b>B. LONITA M. WAYBRIGHT</b>		Date of Receipt
Mailing Address 3929 Whitmarsh Lane		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Edgewater MD 21037		<b>Transaction ID : SA11AI.282109</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.41"/>
Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, BENEFITS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2040.72"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES A. WEATHERBY</b>		Date of Receipt
Mailing Address 210 MIRIAM RD		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code NEW BRITAIN CT 06053		<b>Transaction ID : SA11AI.287482</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="8.35"/>
Name of Employer AFSCME CT CN 4	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.40"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="179.17"/>
<b>TOTAL</b> 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 1275 OF 1358
	<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. KATHLEEN WEATHERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 West Beacon Court  
 City State Zip Code  
 Mt Vernon IL 62864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL CHILD WELFARE TECH  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 437.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 03 / 2012  
**Transaction ID : SA11AI.285450**  
 Amount of Each Receipt this Period  
 38.08

**B. KATHLEEN WEATHERFORD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 408 West Beacon Court  
 City State Zip Code  
 Mt Vernon IL 62864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME IL CN 31/STATE OF IL CHILD WELFARE TECH  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 456.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285570**  
 Amount of Each Receipt this Period  
 19.04

**C. BRENDA S. WEAVER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 114 West Drive  
 City State Zip Code  
 Gallipolis OH 45631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME OH LOC 4/GALLIPOLIS CITY SECRETARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282599**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.36
<b>TOTAL</b> This Period (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 1276 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRENDA S. WEAVER</b>			Date of Receipt
Mailing Address 114 West Drive			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282600</b>
Gallipolis	OH	45631	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="38.48"/>
Name of Employer	Occupation		
AFSCME OH LOC 4/GALLIPOLIS CITY	SECRETARY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="444.04"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DEBORAH L. WEAVER</b>			Date of Receipt
Mailing Address 15318 Judson Drive			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283258</b>
Cleveland	OH	44128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DEBORAH L. WEAVER</b>			Date of Receipt
Mailing Address 15318 Judson Drive			<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283626</b>
Cleveland	OH	44128	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="370.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="58.48"/>
<b>TOTAL</b> 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 1277 OF 1358
	<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. DEBORAH L. WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 15318 Judson Drive

City Cleveland	State OH	Zip Code 44128
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283989**

Amount of Each Receipt this Period  

10.00
-------

**B. JANA WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 London Road

City Deerfield	State WI	Zip Code 53531
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24	Occupation ASSISTANT DIRECTOR
-------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.84**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.284928**

Amount of Each Receipt this Period  

73.68
-------

**C. KENNETH E. WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 London Road

City Deerfield	State WI	Zip Code 53531
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285006**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.68</b>
<b>TOTAL</b> This Period (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 1278 OF 1358
	<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. KENNETH E. WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 London Road

City Deerfield State WI Zip Code 53531

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 14 / 2012**

**Transaction ID : SA11AI.285007**

Amount of Each Receipt this Period **25.00**

**B. KENNETH E. WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 451 London Road

City Deerfield State WI Zip Code 53531

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 28 / 2012**

**Transaction ID : SA11AI.285008**

Amount of Each Receipt this Period **25.00**

**C. KIMBERLY A. WEAVER**  
Full Name (Last, First, Middle Initial)

Mailing Address 702 6th Avenue

City Sheldon State IA Zip Code 51201

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **238.05**

Date of Receipt **11 / 27 / 2012**

**Transaction ID : SA11AI.286612**

Amount of Each Receipt this Period **48.00**

**SUBTOTAL** of Receipts This Page (optional)..... **98.00**

**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 1279 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. KIMBERLY A. WEAVER</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.286482</b>
Mailing Address 702 6th Avenue			Amount of Each Receipt this Period 12.00
City Sheldon	State IA	Zip Code 51201	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.05		

Full Name (Last, First, Middle Initial) <b>B. BRENDA WEBB</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012 <b>Transaction ID : SA11AI.282725</b>
Mailing Address 4031 Executive Park Drive			Amount of Each Receipt this Period 33.88
City Harrisburg	State PA	Zip Code 17111	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 393.66		

Full Name (Last, First, Middle Initial) <b>C. MAUD A. WEBB</b>			Date of Receipt M M / D D / Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.286291</b>
Mailing Address 3 Eisenhower Court			Amount of Each Receipt this Period 7.70
City Coran	State NY	Zip Code 11727	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME NY LOC 1000/NYS INST.	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.20		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	53.58
<b>TOTAL</b> This Period (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 1280 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JOANNA L. WEBB-GAUVIN</b>		Date of Receipt
Mailing Address 1200 W. Lawrence #12		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284910</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation RETIREE PROGRAMS DIRECTOR		<input type="text" value="73.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="806.74"/>	

Full Name (Last, First, Middle Initial) <b>B. JOANNA L. WEBB-GAUVIN</b>		Date of Receipt
Mailing Address 1200 W. Lawrence #12		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284729</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation RETIREE PROGRAMS DIRECTOR		<input type="text" value="73.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="880.08"/>	

Full Name (Last, First, Middle Initial) <b>C. THERESA N. WEBSTER</b>		Date of Receipt
Mailing Address 417 S Hill Street #412		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Los Angeles	State CA	Zip Code 90013
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.287035</b>
Name of Employer AFSCME CA CN 36/CITY OF LA		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="166.68"/>
<b>TOTAL</b> 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 1281 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. THERESA N. WEBSTER</b>		Date of Receipt
Mailing Address 417 S Hill Street #412		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90013
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.286989</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME CA CN 36/CITY OF LA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>B. THERESA N. WEBSTER</b>		Date of Receipt
Mailing Address 417 S Hill Street #412		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Angeles	CA	90013
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.287008</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME CA CN 36/CITY OF LA	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRIAN V. WEEKS</b>		Date of Receipt
Mailing Address 1522 A Street NE		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Washington	DC	20002
FEC ID number of contributing federal political committee.		Transaction ID : <b>SA11AI.281726</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="63.73"/>
Name of Employer	Occupation	
AFSCME INT'L	DIRECTOR, POLITICAL ACTION	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1215.72"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="83.73"/>
<b>TOTAL</b> 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 1282 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. BRIAN V. WEEKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1522 A Street NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1279.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 11 / 2012  
**Transaction ID : SA11AI.281918**  
 Amount of Each Receipt this Period  
 63.73

**B. BRIAN V. WEEKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1522 A Street NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation DIRECTOR, POLITICAL ACTION  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1343.18

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2012  
**Transaction ID : SA11AI.282110**  
 Amount of Each Receipt this Period  
 63.73

**C. CINDY L. WEIBLE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5849 Rambo Lane  
 City Toledo State OH Zip Code 43623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 469.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012  
**Transaction ID : SA11AI.282601**  
 Amount of Each Receipt this Period  
 19.24

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	146.70
<b>TOTAL</b> This Period (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 1283 OF 1358
	<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. CINDY L. WEIBLE**  
Full Name (Last, First, Middle Initial)

Mailing Address 5849 Rambo Lane

City Toledo State OH Zip Code 43623

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/WASHINGTON LS Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **508.04**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 20 / 2012**

**Transaction ID : SA11AI.282602**

Amount of Each Receipt this Period  
**38.48**

**B. JOSEPH W. WEIDNER**  
Full Name (Last, First, Middle Initial)

Mailing Address 255 Binns Boulevard

City Columbus State OH Zip Code 43204-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation EDITOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **718.85**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 04 / 2012**

**Transaction ID : SA11AI.284377**

Amount of Each Receipt this Period  
**65.44**

**C. KRISTA L. WEIHS**  
Full Name (Last, First, Middle Initial)

Mailing Address 625 N Prospect Street

City Tacoma State WA Zip Code 98406

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 10 / 2012**

**Transaction ID : SA11AI.285839**

Amount of Each Receipt this Period  
**10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **113.92**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1284 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. KRISTA L. WEIHS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 625 N Prospect Street  
 City Tacoma State WA Zip Code 98406  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 24 / 2012**  
**Transaction ID : SA11AI.286115**  
 Amount of Each Receipt this Period **10.00**

**B. JESSICA WEINSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2112 New Hampshire Avenue NW Apt #405  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3460.46**

Date of Receipt **11 / 29 / 2012**  
**Transaction ID : SA11AI.281727**  
 Amount of Each Receipt this Period **151.93**

**C. JESSICA WEINSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2112 New Hampshire Avenue NW Apt #405  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3612.39**

Date of Receipt **12 / 11 / 2012**  
**Transaction ID : SA11AI.281919**  
 Amount of Each Receipt this Period **151.93**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>313.86</b>
<b>TOTAL</b> This Period (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 1285 OF 1358
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A. JESSICA WEINSTEIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2112 New Hampshire Avenue NW  
Apt #405

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3764.32

Date of Receipt  
12 / 21 / 2012  
Transaction ID : SA11AI.282111

Amount of Each Receipt this Period  
151.93

**B. ALICE WEISMAN Esq.**  
Full Name (Last, First, Middle Initial)

Mailing Address 153 Dorchester Drive

City East Windsor State NJ Zip Code 08520

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 73 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
12 / 20 / 2012  
Transaction ID : SA11AI.287555

Amount of Each Receipt this Period  
10.00

**C. LINDA K. WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 1446 E. Gates Street

City Columbus State OH Zip Code 43206

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CRIMINAL JUSTICE CLERK

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
11 / 30 / 2012  
Transaction ID : SA11AI.283260

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 176.93

**TOTAL** This Period (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 1286 OF 1358  
(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. LINDA K. WELCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1446 E. Gates Street  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CRIMINAL JUSTICE CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283628**  
 Amount of Each Receipt this Period  
 15.00

**B. LINDA K. WELCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1446 E. Gates Street  
 City Columbus State OH Zip Code 43206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CRIMINAL JUSTICE CLERK  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.283991**  
 Amount of Each Receipt this Period  
 15.00

**C. TIMOTHY M. WELCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6411 Armour Drive SE  
 City Olympia State WA Zip Code 98513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF PUBLIC AFFAIRS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284109**  
 Amount of Each Receipt this Period  
 21.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.00  
**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 1287 OF 1358
	<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. TIMOTHY M. WELCH**  
Full Name (Last, First, Middle Initial)

Mailing Address 6411 Armour Drive SE

City Olympia State WA Zip Code 98513

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF PUBLIC AFFAIRS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.284158**

Amount of Each Receipt this Period 21.00

**B. JANELL WELKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 14720 SE Wanda Drive

City Milwaukie State OR Zip Code 97267

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2012  
**Transaction ID : SA11AI.285105**

Amount of Each Receipt this Period 30.00

**C. JANELL WELKER**  
Full Name (Last, First, Middle Initial)

Mailing Address 14720 SE Wanda Drive

City Milwaukie State OR Zip Code 97267

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285127**

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 81.00

**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 1288 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CHRISTOPHER RYAN WELLES</b>		Date of Receipt
Mailing Address 300 Hardman Avenue South		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
South St. Paul	MN	55075
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.284497</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="51.70"/>
Name of Employer	Occupation	
AFSCME MN CN 5/CN14	STAFF REPRESENTATIVE	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="606.42"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. KELLY WELLS</b>		Date of Receipt
Mailing Address 4650 Beard Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sunbury	OH	43074
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.282186</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ACCOUNT CLERK	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KELLY WELLS</b>		Date of Receipt
Mailing Address 4650 Beard Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sunbury	OH	43074
FEC ID number of contributing federal political committee.		<b>Transaction ID : SA11AI.282242</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="10.00"/>
Name of Employer	Occupation	
AFSCME OH LOC 4	ACCOUNT CLERK	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="290.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="81.70"/>
<b>TOTAL</b> 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 1289 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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**

Full Name (Last, First, Middle Initial) <b>A. KELLY WELLS</b>			Date of Receipt
Mailing Address 4650 Beard Road			<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282297</b>
Sunbury	OH	43074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 4	ACCOUNT CLERK		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROSETTA WELLS</b>			Date of Receipt
Mailing Address 5065 Hannan Trace Road			<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284061</b>
Patriot	OH	45658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="12.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	THERAPUTIC PROGRAM TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="453.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. ROSETTA WELLS</b>			Date of Receipt
Mailing Address 5065 Hannan Trace Road			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283261</b>
Patriot	OH	45658	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	THERAPUTIC PROGRAM TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="478.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="47.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1290 OF 1358
	<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. ROSETTA WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5065 Hannan Trace Road

City Patriot	State OH	Zip Code 45658
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **503.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283629**

Amount of Each Receipt this Period  

25.00
-------

**B. ROSETTA WELLS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5065 Hannan Trace Road

City Patriot	State OH	Zip Code 45658
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation THERAPUTIC PROGRAM TECH
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **528.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.283992**

Amount of Each Receipt this Period  

25.00
-------

**C. EUGENE G. WELTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 17th Avenue

City Gilbertville	State IA	Zip Code 50634
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2012

**Transaction ID : SA11AI.286646**

Amount of Each Receipt this Period  

20.82
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>70.82</b>
<b>TOTAL</b> This Period (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 1291 OF 1358
	<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. EUGENE G. WELTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 707 17th Avenue

City Gilbertville State IA Zip Code 50634

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.84

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.286631**

Amount of Each Receipt this Period  
 20.82

**B. CHERYL L. WEST**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Elma McCleary Road Trailer 7

City Elma State WA Zip Code 98541

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012  
**Transaction ID : SA11AI.285840**

Amount of Each Receipt this Period  
 12.50

**C. CHERYL L. WEST**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Elma McCleary Road Trailer 7

City Elma State WA Zip Code 98541

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 24 / 2012  
**Transaction ID : SA11AI.286116**

Amount of Each Receipt this Period  
 12.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.82

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1292 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JOHN P. WESTMORELAND</b>		Date of Receipt
Mailing Address 4678 West Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Moose Lake MN 55767		<b>Transaction ID : SA11AI.284498</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="72.28"/>
Name of Employer AFSCME MN CN 5/CN14	Occupation BUSINESS AGENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="867.36"/>	

Full Name (Last, First, Middle Initial) <b>B. JAMES R. WESTON</b>		Date of Receipt
Mailing Address 1495 Irvin-Shoots Road		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City State Zip Code Morral OH 43337		<b>Transaction ID : SA11AI.282187</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JAMES R. WESTON</b>		Date of Receipt
Mailing Address 1495 Irvin-Shoots Road		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City State Zip Code Morral OH 43337		<b>Transaction ID : SA11AI.282243</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer AFSCME OH LOC 4	Occupation DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1290.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="222.28"/>
<b>TOTAL</b> 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 1293 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. JAMES R. WESTON</b>		Date of Receipt
Mailing Address 1495 Irvin-Shoots Road		<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Morral State OH Zip Code 43337		<b>Transaction ID : SA11AI.282298</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME OH LOC 4 Occupation DIRECTOR, POLITICAL ACTION		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1340.00"/>

Full Name (Last, First, Middle Initial) <b>B. COLLEEN J. WHEATON</b>		Date of Receipt
Mailing Address 768 East Hill Road		<input type="text" value="11"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City South Colton State NY Zip Code 13687		<b>Transaction ID : SA11AI.286214</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation VICE PRESIDENT		<input type="text" value="38.48"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="211.64"/>

Full Name (Last, First, Middle Initial) <b>C. COLLEEN J. WHEATON</b>		Date of Receipt
Mailing Address 768 East Hill Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City South Colton State NY Zip Code 13687		<b>Transaction ID : SA11AI.286228</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME NY LOC 1000/NYS ADMIN. Occupation VICE PRESIDENT		<input type="text" value="9.62"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="221.26"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="98.10"/>
<b>TOTAL</b> 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 1294 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. COLLEEN J. WHEATON</b>		Date of Receipt
Mailing Address 768 East Hill Road		M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2012
City	State	Zip Code
South Colton	NY	13687
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.286242</b>
Name of Employer AFSCME NY LOC 1000/NYS ADMIN.		Amount of Each Receipt this Period
Occupation VICE PRESIDENT		9.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	230.88	

Full Name (Last, First, Middle Initial) <b>B. ROBERT WHEATON</b>		Date of Receipt
Mailing Address 725 NE 80th Avenue		M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012
City	State	Zip Code
Portland	OR	97213
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.285106</b>
Name of Employer AFSCME OR CN 75		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	231.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT WHEATON</b>		Date of Receipt
Mailing Address 725 NE 80th Avenue		M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012
City	State	Zip Code
Portland	OR	97213
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : SA11AI.285128</b>
Name of Employer AFSCME OR CN 75		Amount of Each Receipt this Period
Occupation STAFF REPRESENTATIVE		21.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51.62
<b>TOTAL</b> This Period (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 1295 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BECKY WHETHAM</b>		Date of Receipt
Mailing Address 11911 241st Avenue Court E		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City Buckley State WA Zip Code 98321		<b>Transaction ID : SA11AI.285841</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) <b>B. BECKY WHETHAM</b>		Date of Receipt
Mailing Address 11911 241st Avenue Court E		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Buckley State WA Zip Code 98321		<b>Transaction ID : SA11AI.286117</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>C. ELAINA M. WHITE</b>		Date of Receipt
Mailing Address 1017 S. 13th Street		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield State IL Zip Code 62703		<b>Transaction ID : SA11AI.285451</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer AFSCME IL CN 31/STATE OF IL Occupation DATA PROCESSING TECH		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1296 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. ELAINA M. WHITE</b>			Date of Receipt
Mailing Address 1017 S. 13th Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285571</b>
Springfield	IL	62703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="20.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	DATA PROCESSING TECH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. JEANETTE C. WHITE</b>			Date of Receipt
Mailing Address 7903 189th Place SW			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285842</b>
Edmonds	WA	98026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. JEANETTE C. WHITE</b>			Date of Receipt
Mailing Address 7903 189th Place SW			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286118</b>
Edmonds	WA	98026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="40.00"/>
<b>TOTAL</b> 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 1297 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. KENNETH J. WHITE</b>		Date of Receipt
Mailing Address 137 Wisconsin		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Elyria OH 44035		<b>Transaction ID : SA11AI.283263</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) <b>B. KENNETH J. WHITE</b>		Date of Receipt
Mailing Address 137 Wisconsin		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City State Zip Code Elyria OH 44035		<b>Transaction ID : SA11AI.283631</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. KENNETH J. WHITE</b>		Date of Receipt
Mailing Address 137 Wisconsin		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Elyria OH 44035		<b>Transaction ID : SA11AI.283994</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="10.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="260.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
<b>TOTAL</b> 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 1298 OF 1358
	<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. LACHEZ WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 190 W. Ostend Street  
Suite 101

City Baltimore State MD Zip Code 21230

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MD CN 982 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
370.08

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.284458**

Amount of Each Receipt this Period  
30.84

**B. ROBIN WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
12 / 13 / 2012  
**Transaction ID : SA11AI.284407**

Amount of Each Receipt this Period  
30.00

**C. STEPHEN WHITE**  
Full Name (Last, First, Middle Initial)

Mailing Address 10508 Huntley Place

City Silver Spring State MD Zip Code 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DC CN 20 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
489.20

Date of Receipt  
12 / 20 / 2012  
**Transaction ID : SA11AI.287322**

Amount of Each Receipt this Period  
104.82

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.66

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1299 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. TAMARA V. WHITE</b>			Date of Receipt
Mailing Address 3355 Alden Place NE			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281728</b>
Washington	DC	20019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="33.76"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="691.42"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. TAMARA V. WHITE</b>			Date of Receipt
Mailing Address 3355 Alden Place NE			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281920</b>
Washington	DC	20019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.45"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="726.87"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. TAMARA V. WHITE</b>			Date of Receipt
Mailing Address 3355 Alden Place NE			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282112</b>
Washington	DC	20019	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="35.45"/>
Name of Employer	Occupation		
AFSCME INT'L	ADMINISTRATIVE ASSISTANT I		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="762.32"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="104.66"/>
<b>TOTAL</b> 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 1300 OF 1358
	<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. DIANE WHITE-HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1142 Wolf Run Drive  
 City State Zip Code  
 Lansing MI 48917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MI CN 25 EXECUTIVE SECRETARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 677.81

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.284268**  
 Amount of Each Receipt this Period  
 29.47

**B. DIANE WHITE-HARRIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1142 Wolf Run Drive  
 City State Zip Code  
 Lansing MI 48917  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME MI CN 25 EXECUTIVE SECRETARY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 707.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.284316**  
 Amount of Each Receipt this Period  
 29.47

**C. DIANA R. WHITMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 14th Avenue SE  
 City State Zip Code  
 Olympia WA 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME WA CN 28 ADMINISTRATIVE ASSISTANT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284110**  
 Amount of Each Receipt this Period  
 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.94
<b>TOTAL</b> This Period (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 1301 OF 1358  
(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. DIANA R. WHITMORE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 730 14th Avenue SE  
 City Olympia State WA Zip Code 98501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WA CN 28 Occupation ADMINISTRATIVE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284159**  
 Amount of Each Receipt this Period  
 42.00

**B. JACQUELINE K. WHITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10509 Rosehill Avenue  
 City Cleveland State OH Zip Code 44104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283267**  
 Amount of Each Receipt this Period  
 10.00

**C. JACQUELINE K. WHITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10509 Rosehill Avenue  
 City Cleveland State OH Zip Code 44104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation WKRS COMPENSATION SPECIALIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283635**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.00  
**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 1302 OF 1358	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. JACQUELINE K. WHITT</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.283998</b>	
Mailing Address 10509 Rosehill Avenue			Amount of Each Receipt this Period 50.00	
City Cleveland	State OH	Zip Code 44104		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11/STATE OF OH		Occupation WKRS COMPENSATION SPECIALIST		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B. EVAN WICKERSHAM</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.285107</b>	
Mailing Address 4040 N Montana Avenue #3			Amount of Each Receipt this Period 20.00	
City Portland	State OR	Zip Code 97227		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OR CN 75/STATE OF OR		Occupation NATURAL RESOURCE SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C. EVAN WICKERSHAM</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.285129</b>	
Mailing Address 4040 N Montana Avenue #3			Amount of Each Receipt this Period 20.00	
City Portland	State OR	Zip Code 97227		
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OR CN 75/STATE OF OR		Occupation NATURAL RESOURCE SPEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 1303 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. BRYCE WICKSTROM</b>			Date of Receipt
Mailing Address 1267 Matilda Street			<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286701</b>
St. Paul	MN	55117-4473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	RECORDING SECRETARY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1415.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BRYCE WICKSTROM</b>			Date of Receipt
Mailing Address 1267 Matilda Street			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286757</b>
St. Paul	MN	55117-4473	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="150.00"/>
Name of Employer	Occupation		
AFSCME MN CN 5/STATE OF MN	RECORDING SECRETARY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1565.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. GRANADA G. WIGGINS</b>			Date of Receipt
Mailing Address 13028 Henry Road			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.283999</b>
Mount Vernon	OH	43050	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="8.00"/>
Name of Employer	Occupation		
AFSCME OH LOC 11/STATE OF OH	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="208.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="308.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 1304 OF 1358
	<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. RON G. WIGGINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Melody Drive

City Rochester State IL Zip Code 62563

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.12

Date of Receipt 12 / 03 / 2012  
**Transaction ID : SA11AI.285452**

Amount of Each Receipt this Period 20.88

**B. RON G. WIGGINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Melody Drive

City Rochester State IL Zip Code 62563

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation PUBLIC SERVICE ADMIN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 261.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.285572**

Amount of Each Receipt this Period 20.88

**C. JEAN M. WIGLE**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 2314

City Renton State WA Zip Code 98056

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/UNIV OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286177**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 91.76

**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 1305 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. EDWARD L. WILEMAN</b>		Date of Receipt
Mailing Address 6275 Back Hollow Road		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Blain	PA	17006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.282881</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME PA CN 13/STATE OF PA	STAFF REPRESENTATIVE	<input type="text" value="16.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.00"/>	

Full Name (Last, First, Middle Initial) <b>B. CHRISTOPHER WILHELMI</b>		Date of Receipt
Mailing Address 965 Campbell Street		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code
Joliet	IL	60435
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285453</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31/STATE OF IL	STAFF REPRESENTATIVE	<input type="text" value="19.22"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="230.64"/>	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER WILHELMI</b>		Date of Receipt
Mailing Address 965 Campbell Street		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Joliet	IL	60435
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.285573</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
AFSCME IL CN 31/STATE OF IL	STAFF REPRESENTATIVE	<input type="text" value="19.22"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="249.86"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="54.44"/>
<b>TOTAL</b> 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 1306 OF 1358
	<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. JOANN WILK**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 W. Grace Street

City Old Forge State PA Zip Code 18518

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012

**Transaction ID : SA11AI.282803**

Amount of Each Receipt this Period  
 300.00

**B. JOANN WILK**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 W. Grace Street

City Old Forge State PA Zip Code 18518

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2012

**Transaction ID : SA11AI.282882**

Amount of Each Receipt this Period  
 30.00

**C. ROBERT L. WILKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 E. 26th Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 10 / 2012

**Transaction ID : SA11AI.282329**

Amount of Each Receipt this Period  
 12.50

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	72.50
<b>TOTAL</b> This Period (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 1307 OF 1358
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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. ROBERT L. WILKES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1015 E. 26th Avenue

City Columbus State OH Zip Code 43211

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY Occupation CUSTODIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **337.50**

Date of Receipt **12 / 24 / 2012**

**Transaction ID : SA11AI.282360**

Amount of Each Receipt this Period **12.50**

**B. WILLIAM WILKINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5272 Bradgen Court

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1155.00**

Date of Receipt **11 / 29 / 2012**

**Transaction ID : SA11AI.281729**

Amount of Each Receipt this Period **52.50**

**C. WILLIAM WILKINSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 5272 Bradgen Court

City Springfield State VA Zip Code 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, RESEARCH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1207.50**

Date of Receipt **12 / 11 / 2012**

**Transaction ID : SA11AI.281921**

Amount of Each Receipt this Period **52.50**

**SUBTOTAL** of Receipts This Page (optional)..... **117.50**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1308 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM WILKINSON</b>			Date of Receipt
Mailing Address 5272 Bradgen Court			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282113</b>
Springfield	VA	22151	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="52.50"/>
Name of Employer	Occupation		
AFSCME INT'L	ASSISTANT DIRECTOR, RESEARCH		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1260.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. BRENDA M. WILLIAMS</b>			Date of Receipt
Mailing Address 444 NE Ravenna Blvd. Suite 108			<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285844</b>
Seattle	WA	98115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. BRENDA M. WILLIAMS</b>			Date of Receipt
Mailing Address 444 NE Ravenna Blvd. Suite 108			<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.286120</b>
Seattle	WA	98115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="10.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="72.50"/>
<b>TOTAL</b> 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 1309 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. CARLA WILLIAMS</b>			Date of Receipt
Mailing Address 2338 N Spaulding Apt. 2A			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60647	<b>Transaction ID : SA11AI.284911</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="67.74"/>
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="745.14"/>		

Full Name (Last, First, Middle Initial) <b>B. CARLA WILLIAMS</b>			Date of Receipt
Mailing Address 2338 N Spaulding Apt. 2A			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Chicago	State IL	Zip Code 60647	<b>Transaction ID : SA11AI.284730</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="67.74"/>
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="812.88"/>		

Full Name (Last, First, Middle Initial) <b>C. DEBORAH J. WILLIAMS</b>			Date of Receipt
Mailing Address 1008 S. Walnut			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City Springfield	State IL	Zip Code 62704	<b>Transaction ID : SA11AI.285454</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation TECHNICAL ADVISOR II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="155.48"/>
<b>TOTAL</b> 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 1310 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DEBORAH J. WILLIAMS</b>			Date of Receipt
Mailing Address 1008 S. Walnut			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285574</b>
Springfield	IL	62704	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	TECHNICAL ADVISOR II		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DONNIE R. WILLIAMS</b>			Date of Receipt
Mailing Address 10 S 140 Suffield Drive			<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285456</b>
Downers Grove	IL	60516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="60.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	PUBLIC SERVICE ADMIN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="705.52"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DONNIE R. WILLIAMS</b>			Date of Receipt
Mailing Address 10 S 140 Suffield Drive			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285576</b>
Downers Grove	IL	60516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="30.00"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	PUBLIC SERVICE ADMIN		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="735.52"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="110.00"/>
<b>TOTAL</b> 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 1311 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. FRANK WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2012 <b>Transaction ID : SA11AI.285845</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 241.50
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRANK WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 24 / 2012 <b>Transaction ID : SA11AI.286121</b>
Mailing Address 1212 Jefferson St., SE Suite 300		Amount of Each Receipt this Period 10.50
City Olympia	State WA Zip Code 98501	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 252.00
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. HERBERT WILLIAMS JR.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.283271</b>
Mailing Address 106 Kettering bnd		Amount of Each Receipt this Period 10.00
City Delaware	State OH Zip Code 43015	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 250.00
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	31.00
<b>TOTAL</b> This Period (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 1312 OF 1358
<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. HERBERT WILLIAMS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Kettering bnd  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283639**  
 Amount of Each Receipt this Period  
 10.00

**B. HERBERT WILLIAMS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 106 Kettering bnd  
 City Delaware State OH Zip Code 43015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.284002**  
 Amount of Each Receipt this Period  
 10.00

**C. KAREN F. WILLIAMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5659 SW Texas Street  
 City Portland State OR Zip Code 97219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OR CN 75/STATE OF OR Occupation OFFICE ASSISTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285322**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 40.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1313 OF 1358
<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. MARION L. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 12904 Clearfield Drive

City Bowie State MD Zip Code 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **11 / 29 / 2012**  
Transaction ID : **SA11AI.281730**

Amount of Each Receipt this Period **10.00**

**B. MARION L. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 12904 Clearfield Drive

City Bowie State MD Zip Code 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt **12 / 11 / 2012**  
Transaction ID : **SA11AI.281922**

Amount of Each Receipt this Period **10.00**

**C. MARION L. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 12904 Clearfield Drive

City Bowie State MD Zip Code 20715

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME INT'L Occupation ADMINISTRATIVE ASSISTANT II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 21 / 2012**  
Transaction ID : **SA11AI.282114**

Amount of Each Receipt this Period **10.00**

**SUBTOTAL** of Receipts This Page (optional)..... **30.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1314 OF 1358
	<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. MICHAEL A. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1622 Miles Street

City Logansport State IN Zip Code 46947

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62/STATE OF IN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012

**Transaction ID : SA11AI.286936**

Amount of Each Receipt this Period  
 30.00

**B. MICHAEL A. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1622 Miles Street

City Logansport State IN Zip Code 46947

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62/STATE OF IN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012

**Transaction ID : SA11AI.286937**

Amount of Each Receipt this Period  
 10.00

**C. MICHAEL A. WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1622 Miles Street

City Logansport State IN Zip Code 46947

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IN CN 62/STATE OF IN Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012

**Transaction ID : SA11AI.286938**

Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (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 1315 OF 1358
<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. PHILLIP S. WILLIAMS Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 E. Bellamy Drive

City New Castle State DE Zip Code 19720

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME DE CN 81 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **787.19**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 13 / 2012  
**Transaction ID : SA11AI.284551**

Amount of Each Receipt this Period  
**65.34**

**B. STEVEN WILLIAMS**  
Full Name (Last, First, Middle Initial)

Mailing Address 18241 Icicle Road

City Sparta State WI Zip Code 54656

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WI CN 24 Occupation FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **696.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.284930**

Amount of Each Receipt this Period  
**53.56**

**C. CHARLES H. WILLIAMSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 162 South Street

City Minford State OH Zip Code 45653

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CORRECTION OFFICER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283272**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **143.90**

**TOTAL** This Period (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 1316 OF 1358
<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. CHARLES H. WILLIAMSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 162 South Street

City Minford	State OH	Zip Code 45653
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2012

**Transaction ID : SA11AI.283640**

Amount of Each Receipt this Period  

25.00
-------

**B. CHARLES H. WILLIAMSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 162 South Street

City Minford	State OH	Zip Code 45653
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CORRECTION OFFICER
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.284003**

Amount of Each Receipt this Period  

25.00
-------

**C. MICHAEL WILMORE**  
Full Name (Last, First, Middle Initial)

Mailing Address 608 Hessel Boulevard

City Champaign	State IL	Zip Code 61820
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **496.31**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.284912**

Amount of Each Receipt this Period  

60.80
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.80</b>
<b>TOTAL</b> This Period (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 1317 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. MICHAEL WILMORE</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 <b>Transaction ID : SA11AI.284731</b>
Mailing Address 608 Hessel Boulevard			Amount of Each Receipt this Period 80.80
City Champaign	State IL	Zip Code 61820	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 557.11		

Full Name (Last, First, Middle Initial) <b>B. ANGELA L. WILSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 <b>Transaction ID : SA11AI.285009</b>
Mailing Address 1815 143rd Street			Amount of Each Receipt this Period 10.00
City New Richmond	State WI	Zip Code 54017	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 24/STATE OF WI	Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) <b>C. ANGELA L. WILSON</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 14 / 2012 <b>Transaction ID : SA11AI.285010</b>
Mailing Address 1815 143rd Street			Amount of Each Receipt this Period 10.00
City New Richmond	State WI	Zip Code 54017	
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 24/STATE OF WI	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>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.80
<b>TOTAL</b> This Period (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 1318 OF 1358  
(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. ANGELA L. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1815 143rd Street  
 City New Richmond State WI Zip Code 54017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 24/STATE OF WI Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 28 / 2012  
**Transaction ID : SA11AI.285011**  
 Amount of Each Receipt this Period  
 10.00

**B. GLORIA A. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4956 Woodbriar Place  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ATTORNEY GENERAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2012  
**Transaction ID : SA11AI.283273**  
 Amount of Each Receipt this Period  
 10.00

**C. GLORIA A. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4956 Woodbriar Place  
 City Columbus State OH Zip Code 43229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ATTORNEY GENERAL  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2012  
**Transaction ID : SA11AI.283641**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1319 OF 1358
	<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. GLORIA A. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4956 Woodbriar Place

City Columbus State OH Zip Code 43229

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation ATTORNEY GENERAL

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 226.00

Date of Receipt 12 / 28 / 2012  
**Transaction ID : SA11AI.284004**

Amount of Each Receipt this Period 10.00

**B. JOE D. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 East Third Street Apt #521

City Dayton State OH Zip Code 45402

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.93

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.284378**

Amount of Each Receipt this Period 16.70

**C. KATHLEEN A. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 405 Forest Hill Drive

City Youngstown State OH Zip Code 44515

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/AUSTINTOWN LSD Occupation TEACHER AIDE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.02

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282605**

Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.94

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1320 OF 1358
	<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. SARAH C. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3609 Apollo Street, SE

City Lacey State WA Zip Code 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 481.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285847**

Amount of Each Receipt this Period 18.50

**B. SARAH C. WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3609 Apollo Street, SE

City Lacey State WA Zip Code 98503

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286123**

Amount of Each Receipt this Period 18.50

**C. TRACY WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 337.50

Date of Receipt 12 / 10 / 2012  
**Transaction ID : SA11AI.285848**

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 52.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1321 OF 1358
	<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. TRACY WILSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
352.50

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286124**

Amount of Each Receipt this Period  
15.00

**B. ROBIN WINDHAUSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285849**

Amount of Each Receipt this Period  
10.50

**C. ROBIN WINDHAUSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286125**

Amount of Each Receipt this Period  
10.50

**SUBTOTAL** of Receipts This Page (optional).....▶ 36.00

**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 1322 OF 1358  
(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. DAVID S. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 IVY ST  
 City MADISON State WI Zip Code 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2012  
**Transaction ID : SA11AI.287666**  
 Amount of Each Receipt this Period  
 40.00

**B. DAVID S. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 IVY ST  
 City MADISON State WI Zip Code 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.287665**  
 Amount of Each Receipt this Period  
 10.00

**C. DAVID S. WISE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3316 IVY ST  
 City MADISON State WI Zip Code 53714  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2012  
**Transaction ID : SA11AI.287664**  
 Amount of Each Receipt this Period  
 10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1323 OF 1358
	<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. BRUCE H. WITHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1329 S. 96th Street

City Tacoma	State WA	Zip Code 98444
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285850**

Amount of Each Receipt this Period  

30.00
-------

**B. BRUCE H. WITHAM**  
Full Name (Last, First, Middle Initial)

Mailing Address 1329 S. 96th Street

City Tacoma	State WA	Zip Code 98444
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286126**

Amount of Each Receipt this Period  

30.00
-------

**C. KRISTIE WOLF-MALONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 4923C Haverford Road

City Harrisburg	State PA	Zip Code 17109
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1094.58**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

**Transaction ID : SA11AI.282726**

Amount of Each Receipt this Period  

91.74
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>151.74</b>
<b>TOTAL</b> This Period (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 1324 OF 1358
	<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. TIMOTHY J. WOLFE**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 E. Main Street  
P.O. Box 30

City Newville State PA Zip Code 17241

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 30 / 2012

**Transaction ID : SA11AI.282805**

Amount of Each Receipt this Period  
80.00

**B. TIMOTHY J. WOLFE**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 E. Main Street  
P.O. Box 30

City Newville State PA Zip Code 17241

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME PA CN 13/STATE OF PA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2012

**Transaction ID : SA11AI.282884**

Amount of Each Receipt this Period  
80.00

**C. DIANNE J. WOMACK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 S. Central Road

City Medical Lake State WA Zip Code 99022

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012

**Transaction ID : SA11AI.285851**

Amount of Each Receipt this Period  
28.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.00
<b>TOTAL</b> This Period (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 1325 OF 1358
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DIANNE J. WOMACK</b>		Date of Receipt
Mailing Address 1310 S. Central Road		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Medical Lake WA 99022		<b>Transaction ID : SA11AI.286127</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="28.00"/>
Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="616.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM O. WOMACK</b>		Date of Receipt
Mailing Address 3227 Genevieve Drive		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43219		<b>Transaction ID : SA11AI.282330</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.50"/>
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM O. WOMACK</b>		Date of Receipt
Mailing Address 3227 Genevieve Drive		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Columbus OH 43219		<b>Transaction ID : SA11AI.282361</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="12.50"/>
Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation CUSTODIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="377.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="53.00"/>
<b>TOTAL</b> 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 1326 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. LYNN WONG</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2012 <b>Transaction ID : SA11AI.285083</b>
Mailing Address 2752 Kaaha Street #304		Amount of Each Receipt this Period 20.00
City Honolulu State HI Zip Code 96836-4754	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ARTHUR WOOD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.284269</b>
Mailing Address 31062 Birchwood		Amount of Each Receipt this Period 32.03
City Westland State MI Zip Code 48185	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 736.69	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ARTHUR WOOD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2012 <b>Transaction ID : SA11AI.284317</b>
Mailing Address 31062 Birchwood		Amount of Each Receipt this Period 32.03
City Westland State MI Zip Code 48185	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 768.72	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84.06
<b>TOTAL</b> This Period (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 1327 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. WILLIAM T. WOOD</b>		Date of Receipt
Mailing Address 6541 Blacks Road SW		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Pataskala State OH Zip Code 43062		<b>Transaction ID : SA11AI.283276</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="261.00"/>	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM T. WOOD</b>		Date of Receipt
Mailing Address 6541 Blacks Road SW		<input type="text" value="12"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City Pataskala State OH Zip Code 43062		<b>Transaction ID : SA11AI.283644</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="276.00"/>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM T. WOOD</b>		Date of Receipt
Mailing Address 6541 Blacks Road SW		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Pataskala State OH Zip Code 43062		<b>Transaction ID : SA11AI.284007</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="291.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> 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 1328 OF 1358
	<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. SHELBY L. WOODALL**  
Full Name (Last, First, Middle Initial)

Mailing Address 1006 Ironwood Circle

City Akron State OH Zip Code 44312

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **639.35**

Date of Receipt **12 / 04 / 2012**  
Transaction ID : **SA11AI.284379**

Amount of Each Receipt this Period **58.20**

**B. TERRY WOODROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4-C Winding Way

City Westville State NJ Zip Code 08093-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 52 Occupation SECURITY OFFICER SGT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **11 / 27 / 2012**  
Transaction ID : **SA11AI.287523**

Amount of Each Receipt this Period **30.00**

**C. TERRY WOODROW**  
Full Name (Last, First, Middle Initial)

Mailing Address 4-C Winding Way

City Westville State NJ Zip Code 08093-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME NJ CN 52 Occupation SECURITY OFFICER SGT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 05 / 2012**  
Transaction ID : **SA11AI.287522**

Amount of Each Receipt this Period **60.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **148.20**

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1329 OF 1358
	<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. PHELTON WOODS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5435 York Lane S.

City Columbus	State OH	Zip Code 43232
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation LAB TECH
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282331**

Amount of Each Receipt this Period  
25.00

**B. PHELTON WOODS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5435 York Lane S.

City Columbus	State OH	Zip Code 43232
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/COLUMBUS CITY	Occupation LAB TECH
---	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.282362**

Amount of Each Receipt this Period  
25.00

**C. A DUFF WOODSIDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5051 Sandman Drive Apt. 86

City Taylor Mill	State KY	Zip Code 41015
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11/STATE OF OH	Occupation CUSTOMER SERVICE REP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
453.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.283277**

Amount of Each Receipt this Period  
23.36

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	73.36
<b>TOTAL</b> This Period (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 1330 OF 1358
	<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	<input type="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. A DUFF WOODSIDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5051 Sandman Drive  
Apt. 86  
City Taylor Mill State KY Zip Code 41015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 477.12

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 14 / 2012  
Transaction ID : SA11AI.283645  
Amount of Each Receipt this Period  
23.36

**B. A DUFF WOODSIDE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5051 Sandman Drive  
Apt. 86  
City Taylor Mill State KY Zip Code 41015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME OH LOC 11/STATE OF OH Occupation CUSTOMER SERVICE REP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.48

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 28 / 2012  
Transaction ID : SA11AI.284008  
Amount of Each Receipt this Period  
23.36

**C. DOUGLAS N. WOODSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 108 Elgin  
Apt. 1  
City Forest Park State IL Zip Code 60130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AFSCME IL CN 31 Occupation ORGANIZER  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 790.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 03 / 2012  
Transaction ID : SA11AI.284913  
Amount of Each Receipt this Period  
71.90

**SUBTOTAL** of Receipts This Page (optional).....▶ 118.62  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1331 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. DOUGLAS N. WOODSON</b>		Date of Receipt
Mailing Address 108 Elgin Apt. 1		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Forest Park	State IL	Zip Code 60130
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.284732</b>
Name of Employer AFSCME IL CN 31		Amount of Each Receipt this Period
Occupation ORGANIZER		<input type="text" value="71.90"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="862.80"/>		

Full Name (Last, First, Middle Initial) <b>B. PAMELA WOOLUM</b>		Date of Receipt
Mailing Address 2068 Entrada Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2012"/>
City Beavercreek	State OH	Zip Code 45431
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282189</b>
Name of Employer AFSCME OH LOC 4		Amount of Each Receipt this Period
Occupation FIELD REPRESENTATIVE		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="330.00"/>		

Full Name (Last, First, Middle Initial) <b>C. PAMELA WOOLUM</b>		Date of Receipt
Mailing Address 2068 Entrada Drive		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City Beavercreek	State OH	Zip Code 45431
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.282245</b>
Name of Employer AFSCME OH LOC 4		Amount of Each Receipt this Period
Occupation FIELD REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="340.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="101.90"/>
<b>TOTAL</b> 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 1332 OF 1358
	(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"/> 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. PAMELA WOOLUM**  
Full Name (Last, First, Middle Initial)

Mailing Address 2068 Entrada Drive

City State Zip Code  
Beavercreek OH 45431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 4 FIELD REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 27 / 2012  
**Transaction ID : SA11AI.282300**

Amount of Each Receipt this Period  
10.00

**B. TERESA F. WRAY**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City State Zip Code  
Westerville OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME OH LOC 11 STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 10 / 2012  
**Transaction ID : SA11AI.282926**

Amount of Each Receipt this Period  
30.00

**C. PETER WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 28 Washington Street

City State Zip Code  
Marblehead MA 01945-0000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AFSCME MA CN 93 DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
852.61

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2012  
**Transaction ID : SA11AI.284515**

Amount of Each Receipt this Period  
37.07

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.07

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 1333 OF 1358
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial) <b>A. SHERRY L. WRIGHT</b>		Date of Receipt
Mailing Address 1229 Jasmine Drive		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City State Zip Code Madison WI 53719		<b>Transaction ID : SA11AI.281731</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.38"/>
Name of Employer AFSCME INT'L	Occupation ORGANIZING COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="910.36"/>	

Full Name (Last, First, Middle Initial) <b>B. SHERRY L. WRIGHT</b>		Date of Receipt
Mailing Address 1229 Jasmine Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Madison WI 53719		<b>Transaction ID : SA11AI.281923</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.38"/>
Name of Employer AFSCME INT'L	Occupation ORGANIZING COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="951.74"/>	

Full Name (Last, First, Middle Initial) <b>C. SHERRY L. WRIGHT</b>		Date of Receipt
Mailing Address 1229 Jasmine Drive		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City State Zip Code Madison WI 53719		<b>Transaction ID : SA11AI.282115</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="42.52"/>
Name of Employer AFSCME INT'L	Occupation ORGANIZING COORDINATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="994.26"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.28"/>
<b>TOTAL</b> 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 1334 OF 1358
	<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. ANNETTE WUERTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 364 Jessamine Avenue E.

City	State	Zip Code
St. Paul	MN	55130-3732

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.286702**

Amount of Each Receipt this Period  

24.00
-------

**B. ANNETTE WUERTZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 364 Jessamine Avenue E.

City	State	Zip Code
St. Paul	MN	55130-3732

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME MN CN 5/STATE OF MN	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **301.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.286758**

Amount of Each Receipt this Period  

24.00
-------

**C. MARI K. WYATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9344 54th Avenue S.

City	State	Zip Code
Seattle	WA	98118

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AFSCME WA CN 28/STATE OF WA	STAFF REPRESENTATIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **241.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285852**

Amount of Each Receipt this Period  

10.50
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>58.50</b>
<b>TOTAL</b> This Period (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 1335 OF 1358
	<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. MARI K. WYATT**  
Full Name (Last, First, Middle Initial)

Mailing Address 9344 54th Avenue S.

City Seattle State WA Zip Code 98118

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 24 / 2012  
**Transaction ID : SA11AI.286128**

Amount of Each Receipt this Period 10.50

**B. STELLA WYMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7130 Yawberg Road

City Whitehouse State OH Zip Code 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.56

Date of Receipt 12 / 04 / 2012  
**Transaction ID : SA11AI.282606**

Amount of Each Receipt this Period 19.24

**C. STELLA WYMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 7130 Yawberg Road

City Whitehouse State OH Zip Code 43571

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4/SYLVANIA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 424.80

Date of Receipt 12 / 20 / 2012  
**Transaction ID : SA11AI.282607**

Amount of Each Receipt this Period 19.24

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 48.98

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1336 OF 1358
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

Full Name (Last, First, Middle Initial) <b>A. STELLA WYMER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2012 <b>Transaction ID : SA11AI.282608</b>
Mailing Address 7130 Yawberg Road		Amount of Each Receipt this Period 19.24
City Whitehouse	State OH	Zip Code 43571
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME OH LOC 4/SYLVANIA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 444.04	

Full Name (Last, First, Middle Initial) <b>B. JEANETTE WYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012 <b>Transaction ID : SA11AI.284190</b>
Mailing Address 3064 Highland Oak Terrace		Amount of Each Receipt this Period 14.00
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME FL CN 79	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 929.60	

Full Name (Last, First, Middle Initial) <b>C. JEANETTE WYNN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2012 <b>Transaction ID : SA11AI.286940</b>
Mailing Address 3064 Highland Oak Terrace		Amount of Each Receipt this Period 77.56
City Tallahassee	State FL	Zip Code 32301
FEC ID number of contributing federal political committee. C		
Name of Employer AFSCME FL CN 79	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1007.16	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.80
<b>TOTAL</b> This Period (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 1337 OF 1358  
(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. JEANETTE WYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3064 Highland Oak Terrace  
 City State Zip Code  
 Tallahassee FL 32301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AFSCME FL CN 79 PRESIDENT  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1021.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2012  
**Transaction ID : SA11AI.284220**  
 Amount of Each Receipt this Period  
 14.00

**B. FLORENCE YAMADA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 888 Mililani Street  
 Suite 601  
 City State Zip Code  
 Honolulu HI 96813-2991  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285084**  
 Amount of Each Receipt this Period  
 20.00

**C. WAYNE J. YAMASAKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1185 Kaeleku Street  
 City State Zip Code  
 Honolulu HI 96825-3007  
 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 ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012  
**Transaction ID : SA11AI.285085**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 84.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1338 OF 1358
	<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. STEVEN YATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285853**

Amount of Each Receipt this Period  
10.50

**B. STEVEN YATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286129**

Amount of Each Receipt this Period  
10.50

**C. VIRGINIA E. YATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3071 Old 51th Road

City Sandoval State IL Zip Code 62882

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation RETIREE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
12 / 03 / 2012  
**Transaction ID : SA11AI.284914**

Amount of Each Receipt this Period  
28.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.00

**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 1339 OF 1358
	<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. VIRGINIA E. YATES**  
Full Name (Last, First, Middle Initial)

Mailing Address 3071 Old 51th Road

City Sandoval State IL Zip Code 62882

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL Occupation RETIREE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
12 / 28 / 2012  
**Transaction ID : SA11AI.284915**

Amount of Each Receipt this Period  
280.00

**B. VIVIAN YOSHIOKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 3154 Florinda Street

City Pomona State CA Zip Code 91767

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME CA CN 36 Occupation JUDICIAL ASSISTANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 439.00

Date of Receipt  
11 / 28 / 2012  
**Transaction ID : SA11AI.286959**

Amount of Each Receipt this Period  
30.00

**C. WESLEY H. YOSHIOKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 888 Mililani Street Suite 601

City Honolulu State HI Zip Code 96813-2991

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME HI LOC 152 Occupation STAFF REPRESENTATIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.60

Date of Receipt  
12 / 05 / 2012  
**Transaction ID : SA11AI.285086**

Amount of Each Receipt this Period  
16.80

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.80

**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 1340 OF 1358
	<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. TIMOTHY A. YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CANVASSER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.50

Date of Receipt  
12 / 10 / 2012  
**Transaction ID : SA11AI.285854**

Amount of Each Receipt this Period  
10.50

**B. TIMOTHY A. YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson St., SE  
Suite 300

City Olympia State WA Zip Code 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA Occupation CANVASSER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
252.00

Date of Receipt  
12 / 24 / 2012  
**Transaction ID : SA11AI.286130**

Amount of Each Receipt this Period  
10.50

**C. FREDERICK A. YUNGBLUTH**  
Full Name (Last, First, Middle Initial)

Mailing Address 11513 SE Aquila Street

City Happy Valley State OR Zip Code 97086

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75/STATE OF OR Occupation COORDINATOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
11 / 30 / 2012  
**Transaction ID : SA11AI.285227**

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 61.00

**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 1341 OF 1358
	<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. MARIA ZARATE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		10		2012

**Transaction ID : SA11AI.285855**

Amount of Each Receipt this Period  
10.00

**B. MARIA ZARATE**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12		24		2012

**Transaction ID : SA11AI.286131**

Amount of Each Receipt this Period  
10.00

**C. SARAH ZARUBA**  
Full Name (Last, First, Middle Initial)

Mailing Address 500 E. 17 Street S.  
#8

City Newton	State IA	Zip Code 50208
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
403.83

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		27		2012

**Transaction ID : SA11AI.286616**

Amount of Each Receipt this Period  
76.92

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.92
<b>TOTAL</b> This Period (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 1342 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. SARAH ZARUBA</b>		Date of Receipt
Mailing Address 500 E. 17 Street S. #8		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Newton IA 50208		<b>Transaction ID : SA11AI.286486</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer AFSCME IA CN 61/STATE OF IA	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="423.06"/>	

Full Name (Last, First, Middle Initial) <b>B. CAROL ANN E. ZAVARELLA-VASTA</b>		Date of Receipt
Mailing Address 14 Dove Court #8-0		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City State Zip Code Cronton Hudson NY 10520		<b>Transaction ID : SA11AI.286350</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/WESTCHESTER	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="202.02"/>	

Full Name (Last, First, Middle Initial) <b>C. CAROL ANN E. ZAVARELLA-VASTA</b>		Date of Receipt
Mailing Address 14 Dove Court #8-0		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Cronton Hudson NY 10520		<b>Transaction ID : SA11AI.286351</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="9.62"/>
Name of Employer AFSCME NY LOC 1000/WESTCHESTER	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="211.64"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="38.47"/>
<b>TOTAL</b> 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 1343 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. DON ZAVODNY</b>			Date of Receipt
Mailing Address 9801 West O Street			<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281732</b>
Lincoln	NE	68528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.25"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1017.71"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. DON ZAVODNY</b>			Date of Receipt
Mailing Address 9801 West O Street			<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.281924</b>
Lincoln	NE	68528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.27"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1063.98"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. DON ZAVODNY</b>			Date of Receipt
Mailing Address 9801 West O Street			<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.282116</b>
Lincoln	NE	68528	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="46.26"/>
Name of Employer	Occupation		
AFSCME INT'L	AREA FIELD SERVICES DIRECTOR		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1110.24"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="138.78"/>
<b>TOTAL</b> 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 1344 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. THOMAS ZEBAR</b>		Date of Receipt
Mailing Address 390 Worthington Road		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Westerville OH 43082		<b>Transaction ID : SA11AI.282927</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation AFSCME OH LOC 11 STAFF REPRESENTATIVE		<input type="text" value="93.06"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="775.50"/>	

Full Name (Last, First, Middle Initial) <b>B. BRUCE E. ZELLER</b>		Date of Receipt
Mailing Address 518 H Street, SW		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Tumwater WA 98512		<b>Transaction ID : SA11AI.285856</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. BRUCE E. ZELLER</b>		Date of Receipt
Mailing Address 518 H Street, SW		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City State Zip Code Tumwater WA 98512		<b>Transaction ID : SA11AI.286132</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation AFSCME WA CN 28/STATE OF WA STAFF REPRESENTATIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="113.06"/>
<b>TOTAL</b> 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 1345 OF 1358
	<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. FAYE M. ZEPEDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1131 Fabry Road SE

City Salem	State OR	Zip Code 97306
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA11AI.285108**

Amount of Each Receipt this Period  
25.00

**B. FAYE M. ZEPEDA**  
Full Name (Last, First, Middle Initial)

Mailing Address 1131 Fabry Road SE

City Salem	State OR	Zip Code 97306
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OR CN 75	Occupation STAFF REPRESENTATIVE
-------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

**Transaction ID : SA11AI.285130**

Amount of Each Receipt this Period  
25.00

**C. SUHAIL S. ZIDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 390 Worthington Road

City Westerville	State OH	Zip Code 43082
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE
--------------------------------------	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.282928**

Amount of Each Receipt this Period  
30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<b>TOTAL</b> This Period (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 1346 OF 1358
<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. JANE ZIMMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	10	/	2012

**Transaction ID : SA11AI.285857**

Amount of Each Receipt this Period  
12.00

**B. JANE ZIMMER**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Jefferson Street SE

City Olympia	State WA	Zip Code 98501
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME WA CN 28/STATE OF WA	Occupation STAFF REPRESENTATIVE
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
282.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SA11AI.286133**

Amount of Each Receipt this Period  
12.00

**C. NOEL A. ZUPANCIC**  
Full Name (Last, First, Middle Initial)

Mailing Address 2231 176th Place

City Lansing	State IL	Zip Code 60438
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME IL CN 31/STATE OF IL	Occupation INVESTIGATOR III
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SA11AI.285457**

Amount of Each Receipt this Period  
19.22

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	43.22
<b>TOTAL</b> This Period (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 1347 OF 1358
	<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**

Full Name (Last, First, Middle Initial) <b>A. NOEL A. ZUPANCIC</b>			Date of Receipt
Mailing Address 2231 176th Place			<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.285577</b>
Lansing	IL	60438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="19.22"/>
Name of Employer	Occupation		
AFSCME IL CN 31/STATE OF IL	INVESTIGATOR III		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.86"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. MATTHEW D. ZUVICH</b>			Date of Receipt
Mailing Address 720 Mox-Chehalis Road			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284111</b>
McCleary	WA	98557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	LOBBYIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="307.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. MATTHEW D. ZUVICH</b>			Date of Receipt
Mailing Address 720 Mox-Chehalis Road			<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.284160</b>
McCleary	WA	98557	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		
AFSCME WA CN 28	LOBBYIST		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="332.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="69.22"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="135523.71"/>

**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 1348 OF 1358
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

**A.** Full Name (Last, First, Middle Initial)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City New York State NY Zip Code 10007

FEC ID number of contributing federal political committee. **C** C00149211

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
612109.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2012

**Transaction ID : SA12.281537**

Amount of Each Receipt this Period  
45546.22

Transfer

**B.** Full Name (Last, First, Middle Initial)  
PRINCE GEORGE'S COMMUNITY COLLEGE

Mailing Address 301 Largo Road  
Kent Hall - Room 113

City Largo State MD Zip Code 20774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1016.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 04 / 2012

**Transaction ID : SA12.287535**

Amount of Each Receipt this Period  
1016.83

Erroneous deposit from a non-fed political committee

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	46563.05
<b>TOTAL</b> This Period (last page this line number only).....▶	46563.05

**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 1349 OF 1358
<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. AMALGAMATED BANK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 275 7th Avenue

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16380.87

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2012

**Transaction ID : SA17.281509**

Amount of Each Receipt this Period  
206.96

Interest Income 11/30/2012

**B. AMALGAMATED BANK**  
Full Name (Last, First, Middle Initial)  
Mailing Address 275 7th Avenue

City New York	State NY	Zip Code 10001
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
16629.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2012

**Transaction ID : SA17.281510**

Amount of Each Receipt this Period  
248.95

Interest Income 12/31/2012

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address \_\_\_\_\_

City _____	State _____	Zip Code _____
------------	-------------	----------------

FEC ID number of contributing federal political committee. **C**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	455.91
<b>TOTAL</b> This Period (last page this line number only).....▶	455.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AMALGAMATED BANK LOANS**

Mailing Address P.O. Box 5660

City State Zip Code  
Hicksville NY 11802-5660

Purpose of Disbursement  
Interest payment 11/29/2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	29	/	2012

**Transaction ID : SB21B.281507**

Amount of Each Disbursement this Period

15004.86
----------

Full Name (Last, First, Middle Initial)

**B. AMALGAMATED BANK LOANS**

Mailing Address P.O. Box 5660

City State Zip Code  
Hicksville NY 11802-5660

Purpose of Disbursement  
Interest payment 12/24/2012

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	24	/	2012

**Transaction ID : SB21B.281508**

Amount of Each Disbursement this Period

11758.33
----------

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address P.O. Box 53852

City State Zip Code  
Phoenix AZ 85072-3852

Purpose of Disbursement  
Merchant Service Charges

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	03	/	2012

**Transaction ID : SB21B.281502**

Amount of Each Disbursement this Period

7.95
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

26771.14
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

### A. BART GROUP

Mailing Address 171 Main Street

City State Zip Code  
Port Washington NY 11050

Purpose of Disbursement  
Merchant Service Charges

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

Transaction ID : SB21B.281503

Amount of Each Disbursement this Period

115.68

Full Name (Last, First, Middle Initial)

### B. BART GROUP

Mailing Address 171 Main Street

City State Zip Code  
Port Washington NY 11050

Purpose of Disbursement  
Merchant Service Charges

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

Transaction ID : SB21B.281504

Amount of Each Disbursement this Period

54.46

Full Name (Last, First, Middle Initial)

### C. FIS MERCHANT SERVICES-LL

Mailing Address 11000 W. Lake Park Drive

City State Zip Code  
Milwaukee WI 53224

Purpose of Disbursement  
Merchant Service Charges

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			13			2012			

Transaction ID : SB21B.281505

Amount of Each Disbursement this Period

301.53

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

471.67

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. GARBER'S TRAVEL SERVICE**

Mailing Address 27 Boylston Street

City Chestnut Hill State MA Zip Code 02467

Purpose of Disbursement  
Hotel/DNC 2012

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.281515

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GARBER'S TRAVEL SERVICE**

Mailing Address 27 Boylston Street

City Chestnut Hill State MA Zip Code 02467

Purpose of Disbursement  
Airfare/DNC 2012

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.281514

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PAYPAL INC.**

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement  
Online Service Charges

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Transaction ID : SB21B.281506

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. AFSCME PEOPLE- Non Federal Account**

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB22.281518**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

**Transaction ID : SB22.281519**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. DANPAC**

Mailing Address 1088 Bishop Street  
Suite 1009

City Honolulu State HI Zip Code 96813

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) **PAC**

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.281535**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GRACE FOR NEW YORK**

Mailing Address 49-04 43rd Avenue

City Woodside State NY Zip Code 11377

Purpose of Disbursement  
Debt Reduction

Candidate Name

**GRACE MENG**

Office Sought:  House  
 Senate  
 President  
State: NY District: 06

Disbursement For: 2012  
 Primary  General  
 Other (specify) **▼**

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.281530**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. DANNY J. HOMAN**

Mailing Address 4320 NW Second Avenue

City Des Moines State IA Zip Code 50313

Purpose of Disbursement  
Contribution

Candidate Name

**DANNY HOMAN**

Office Sought:  House  
 Senate  
 President  
State: IA District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) **Not Applicable**

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB23.281522**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. KIM MEDINA**

Mailing Address 100 Debs Place  
#14A

City State Zip Code  
Bronx NY 10475

Purpose of Disbursement  
Contribution

011

Candidate Name

**KIM MEDINA**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: NY District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	1	2

**Transaction ID : SB23.281523**

Amount of Each Disbursement this Period

367.00

Full Name (Last, First, Middle Initial)

**B. SHANNON SCHROEDER**

Mailing Address P.O. Box 207

City State Zip Code  
St. Joseph MN 56374

Purpose of Disbursement  
Contribution

011

Candidate Name

**SHANNON SCHROEDER**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	1	2

**Transaction ID : SB23.281538**

Amount of Each Disbursement this Period

-125.00

Full Name (Last, First, Middle Initial)

**C. SOUTHERN CALIFORNIA FUND**

Mailing Address 777 S. Figueroa Street  
Suite 4050

City State Zip Code  
Los Angeles CA 90017

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼  
PAC

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	1	2

**Transaction ID : SB23.281533**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5242.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TOM PAC**

Mailing Address P.O. Box 752

City Des Moines State IA Zip Code 50311

Purpose of Disbursement  
Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼ PAC

Date of Disbursement

/  /

**Transaction ID : SB23.281536**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. ROBERT K FULTON**

Mailing Address 2717 Glenwood Court

City Melrose State IA Zip Code 52569

Purpose of Disbursement  
Refund/Erroneous Deposit

010

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			14			2012			

Transaction ID : SB28A.281527

Amount of Each Disbursement this Period

418.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

418.00

**TOTAL** This Period (last page this line number only)..... ▶

418.00

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.269663**  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) AMALGAMATED BANK	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 275 7th Avenue	
City New York State NY ZIP Code 10001	

Original Amount of Loan 3500000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3500000.00
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**TERMS**

Date Incurred: MM / DD / YYYY (09 / 28 / 2012)      Date Due: MM / DD / YYYY (03/31/2014)      Interest Rate: 4.25 % (apr)      Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3500000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	3500000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.