# FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee

	USE FEC MAILING LABEL OR TYPE OR PRINT	Example:If typing over the lines	g, type	
AMERICAN FEDERATION C	DF STATE COUNTY & MUNI	CIPAL EMPLOYEES	PEOPLE, QUALIF	-
ADDRESS (number and street)	1625 L STREET NW			
Check if different				
than previously reported. (ACC)	WASHINGTON		DC DC	20036
2. FEC IDENTIFICATION NUM	BER ♥ CI	TY 🛕	STATE	ZIPCODE 🛕
C00011114	-		NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	neport	b 20 (M2)	May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	ar 20 (M3)	Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4)	Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report(Q1	(c) 12-Day	Primary (12	P) Ger	neral (12G) Runoff (12R)
Quarterly Report(Q2 October 15	PRE-Election Report for the:	Convention	(12C) Spe	ecial (12G)
Quarterly Report(Q3	3)			in the
January 31 Quarterly Report(YE	E) Elect	ion on		in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Election	General (30	G) Rur	noff (30R) Special (30S)
Termination Report (TER)	Report for the:			in the
(1211)	Elect	ion on		State of
5. Covering Period 0 1	01 2007	through	01 31	2007
I certify that I have examined this R	Report and to the best of my kr	nowledge and belief it is	s true, correct and com	olete.
Type or Print Name of Treasurer	WILLIAM LUCY			
Signature of Treasurer Electron	ically Filed by WILLIAM LU	JCY	Date	02 20 2007
NOTE : Submission of false, erron	eous, or incomplete information	on may subject the per	son signing this Report	to the penalties of 2 U.S.C 437g.
Office Use Only				FEC FORM 3X (Rev. 02/2003)

### **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, QUALIFIED D D 0 1 0 1 2007 0.1 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 2007 726445.04 January 1 (b) Cash on Hand at 726445.04 Begining of Reporting Period ..... 512092.16 512092.16 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1238537.20 1238537.20 6(a) and 6(c) for Column B) ..... 308432.97 308432.97 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 930104.23 930104.23 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 2291666.67 Schedule C and/or Schedule D) ..... 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. 02/2003) Page 3

2007

<sup>D</sup> 3 1

<sup>y</sup> 0 0 7

Write or Type Committee Name

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

01

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees	5.407.00	- 10- 00
	(i) Itemized (use Schedule A)	5467.68	5467.68
	(ii) Unitemized	424855.52	424855.52
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	430323.20	430323.20
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	430323.20	430323.20
2.	Transfers From Affiliated/Other Party Committees	79535.48	79535.48
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1921.00	1921.00
6.	Refunds of Contributions Made		
	to Federal candidates and Other Political Committees	0.00	0.00
<b>7</b> .	Other Federal Receipts (Dividends, Interest, etc.)	312.48	312.48
	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	512092.16	512092.16
	12, 10, 17, 10, 17, and 10(0))		
	Total Federal Receipts (subtract Line 18(c) from Line 19)	512092.16	512092.16

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	35619.24	35619.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	35619.24	35619.24
Transfers to Affiliated/Other Party	00000 00	00000 00
Committees Contributions to	28800.00	28800.00
Federal Candidates/Committeesand Other Political Committees	35000.00	35000.00
Independent Expenditure     (use Schedule E)     Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	208333.33	208333.33
Loans Made	0.00	0.00
Refunds of Contributions To:     (a) Individuals/Persons Other     Than Political Committees	680.40	680.40
(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))	680.40	680.40
Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	308432.97	308432.97
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		308432.97

### **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)	430323.20	430323.20
34.	Total Contribution Refunds (from Line 28(d))	680.40	680.40
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	429642.80	429642.80
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35619.24	35619.24
37.	Offsets to Operating Expenditures (from Line 15, page 3)	1921.00	1921.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	33698.24	33698.24

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

PAGE 6/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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, QUALIFIED Full Name (Last, First, Middle Initial) PATRICIA BODAY Date of Receipt Mailing Address 14113 SR 165E 2007 P. O. BOX 230 22 City State Zip Code Transaction ID: SA11A1.85204 **Buckley** WA 98321 Amount of Each Receipt this Period FEC ID number of contributing 40.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date ▼ Receipt For: Primary General 240.00 Other (specify) Full Name (Last, First, Middle Initial) B. PAUL BOOTH Date of Receipt Mailing Address 3724 Benton Street NW 0.1 26 2007 City Zip Code State Transaction ID: SA11A1.85342 Washington DC 20007-1803 Amount of Each Receipt this Period FEC ID number of contributing C 173.66 federal political committee. Name of Employer AFSCME INT'L Occupation EXECUTIVE ASST. TO PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General 347.32 Other (specify) Full Name (Last, First, Middle Initial) C. GREG DEVEREUX Date of Receipt Mailing Address 3561 S.E. Kamilehe 0.1 03 2007 Point Road Zip Code City State Transaction ID: SA11A1.84334 Shelton WA 98584 Amount of Each Receipt this Period FEC ID number of contributing 846.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation EXECUTIVE DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General 846.00 Other (specify) 1059.66 SUBTOTAL of Receipts This Page (optional) .....

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE (ED	COUNTY 8	k MUNICIPAL EMPLOYEES	- P E O P L E, QUALIFI-
Α.	Full Name (Last, First, Middle Initial) GREG DEVEREUX			Date of Receipt
	Mailing Address 3561 S.E. Kamilehe Point Road			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: SA11A1.85205
	Shelton FEC ID number of contributing	C	98584	Amount of Each Receipt this Period  100.00
	Name of Employer AFSCME WA CN 28	Occupation	n IVE DIRECTOR	
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 946.00	
В.	Full Name (Last, First, Middle Initial) GREG DEVEREUX			Date of Receipt
	Mailing Address 3561 S.E. Kamilehe Point Road	0 1 2 5 2 0 0 7		
	City	State	Zip Code	Transaction ID: SA11A1.85329
	Shelton  FEC ID number of contributing federal political committee.	C	98584	Amount of Each Receipt this Period  13.00
	Name of Employer AFSCME WA CN 28	Occupation	n IVE DIRECTOR	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 959.00	
<u> </u>	Full Name (Last, First, Middle Initial) JUDY DEVOE			Date of Receipt
	Mailing Address 3256 Ocean Beach Hwy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: SA11A1.85206
	Longview	WA	98632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			40.00
	Name of Employer STATE EMP VANCOUVER	Occupation STAFF F	n REPRESENTATIVE	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	]
S	UBTOTAL of Receipts This Page (optional)			153.00

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

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/34
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
$\rangle$	AMERICAN FEDERATION OF STATE C	OUNTY 8	MUNICIPAL EMPLOYEES	- P E O P L E, QUALIFI-
۹.	Full Name (Last, First, Middle Initial) MARY DONNELLY			Date of Receipt
	Mailing Address 3617 AUTUMNWOOD C	OURT, S	i.E.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11A1.84336
	BOSTON HARBOR	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		270.00
	Name of Employer AFSCME WA CN 28	Occupation	n STRATIVE ASSISTANT	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	270.00	
3.	Full Name (Last, First, Middle Initial) MARY DONNELLY			Date of Receipt
	Mailing Address 3617 AUTUMNWOOD C	01 22 7 2007		
	City	State	Zip Code	Transaction ID: SA11A1.85207
	BOSTON HARBOR	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer AFSCME WA CN 28	Occupation	n STRATIVE ASSISTANT	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify) ▼	1 1	000.00	
Э.	Full Name (Last, First, Middle Initial) DENNIS EAGLE			Date of Receipt
	Mailing Address 5007 26th Ave., SE			01 03 7 2007
	City	State	Zip Code	Transaction ID: SA11A1.84337
	Lacey	WA	98503	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		720.00
	Name of Employer AFSCME WA CN 28	Occupation STAFF R	n REPRESENTATIVE	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	720.00	
s	UBTOTAL of Receipts This Page (optional)			1020.00
т.	OTAL This Period (last page this line number onl	lv)		
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PAGE 9/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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, QUALIFIED Full Name (Last, First, Middle Initial) DENNIS EAGLE Date of Receipt Mailing Address 5007 26th Ave., SE 2007 22 City Zip Code State Transaction ID: SA11A1.85208 WA 98503 Lacey Amount of Each Receipt this Period FEC ID number of contributing 80.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date ▼ Receipt For: Primary General 800.00 Other (specify) Full Name (Last, First, Middle Initial) B. BEN GRANTHAM Date of Receipt Mailing Address 1110 Chestnut Street S.E. 0.1 22 2007 #202 City Zip Code State Transaction ID: SA11A1.85210 Olympia WA 98501 Amount of Each Receipt this Period FEC ID number of contributing C 26.42 federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 222.47 Other (specify) Full Name (Last, First, Middle Initial) C. BEV HERMANSON Date of Receipt Mailing Address 6836 DENA COURT S.E. 0.1 03 2007 City State Zip Code Transaction ID: SA11A1.84342 **OLYMPIA** WA 98501 Amount of Each Receipt this Period FEC ID number of contributing 540.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF POLITICAL ACTION Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) 646.42 SUBTOTAL of Receipts This Page (optional) .....

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

PAGE 10/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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, QUALIFIED Full Name (Last, First, Middle Initial) BEV HERMANSON Date of Receipt Mailing Address 6836 DENA COURT S.E. 2007 22 City Zip Code State Transaction ID: SA11A1.85211 **OLYMPIA** WA 98501 Amount of Each Receipt this Period FEC ID number of contributing 60.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation DIRECTOR OF POLITICAL ACTION Aggregate Year-to-Date ▼ Receipt For: Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. AMBER LEWIS Date of Receipt Mailing Address P. O. BOX 1563 0.1 03 2007 City Zip Code State Transaction ID: SA11A1.84348 Olympia WA 98507 Amount of Each Receipt this Period FEC ID number of contributing C 540.00 federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name (Last, First, Middle Initial) C. AMBER LEWIS Date of Receipt Mailing Address P. O. BOX 1563 0.1 22 2007 Zip Code City State Transaction ID: SA11A1.85213 Olympia WA 98507 Amount of Each Receipt this Period FEC ID number of contributing 60.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 660.00 SUBTOTAL of Receipts This Page (optional) .....

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 11 / 34 (check only one)			
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE (ED	COUNTY 8	MUNICIPAL EMPLOYEES	- P E O P L E, QUALIFI-			
<b>A</b> .	Full Name (Last, First, Middle Initial) WILLIAM LUCY			Date of Receipt			
	Mailing Address 1831 Sudbury Lane NW	Mailing Address 1831 Sudbury Lane NW					
	City WASHINGTON	State DC	Zip Code 20012-2202	Transaction ID: SA11A1.85392  Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	20012 2202	121.18			
	Name of Employer AFSCME INT'L	·	ARY TREASURER				
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 242.36				
В.	Full Name (Last, First, Middle Initial) GERALD MCENTEE			Date of Receipt			
	Mailing Address 800 25th Street NW Apt. #406			01 26 7 2007			
	City	State	Zip Code	Transaction ID: SA11A1.85400			
	Washington	DC	20037-2207	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		142.82			
	Name of Employer AFSCME INT'L	Occupation PRESIDE					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		285.64				
<u> </u>	Full Name (Last, First, Middle Initial) LAURIE MERTA			Date of Receipt			
	Mailing Address 9829 59th Street, Court	0 1 0 3 2 0 0 7					
	City	State	Zip Code	Transaction ID: SA11A1.84352			
	Tacoma	WA	98467-1007	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		680.00			
	Name of Employer AFSCME WA CN 28	Occupation CONVEN	n ITION FUNDRAISER				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼		680.00				
s	UBTOTAL of Receipts This Page (optional)			944.00			

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

9				
	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
$\setminus$	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE (ED	COUNTY 8	MUNICIPAL EMPLOYEES	- P E O P L E, QUALIFI-
Α.	Full Name (Last, First, Middle Initial) LAURIE MERTA Mailing Address 9829 59th Street, Court	W		Date of Receipt
	City	State	Zip Code	0 1 2 2 2 0 0 7 Transaction ID: SA11A1.85215
	Tacoma  FEC ID number of contributing federal political committee.	C	98467-1007	Amount of Each Receipt this Period  80.00
	Name of Employer AFSCME WA CN 28  Receipt For: Primary General		ITION FUNDRAISER • Year-to-Date ▼	
_	Other (specify) ▼  Full Name (Last, First, Middle Initial)	0 0	760.00	Potent Position
в.	PHYLLIS NAIAD  Mailing Address 13304 58th Drive NE			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City  Marysville	State WA	Zip Code 98271	Transaction ID: SA11A1.84353  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		470.34
	Name of Employer AFSCME WA CN 28	Occupation STAFF F	n REPRESENTATIVE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 470.34	
<u> </u>	Full Name (Last, First, Middle Initial) PHYLLIS NAIAD			Date of Receipt
	Mailing Address 13304 58th Drive NE			0 1 2 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Marysville	State WA	Zip Code 98271	Transaction ID: SA11A1.85216  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		52.26
	Name of Employer AFSCME WA CN 28	Occupation	n REPRESENTATIVE	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 522.60	
s	UBTOTAL of Receipts This Page (optional)			602.60

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

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

PAGE 13/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 l 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, QUALIFIED Full Name (Last, First, Middle Initial) JOHN H. THOMPSON Date of Receipt Mailing Address 110 EAST MEYER 12 2007 Zip Code City State Transaction ID: SA11A1.85748 **NEW CASTLE** PA 16105 Amount of Each Receipt this Period FEC ID number of contributing 312.00 C federal political committee. Name of Employer NESHANNOCK TWNSHIP SUPERV-Occupation **FOREMAN ISORS** Aggregate Year-to-Date ▼ Receipt For: General Primary 312.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** ELIZABETH TURNBOW Date of Receipt Mailing Address 4443 Libby N.E. 0.1 22 2007 City Zip Code State Transaction ID: SA11A1.85219 Olympia WA 98506 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 220.00 Other (specify) Full Name (Last, First, Middle Initial) C. BRENDA WILLIAMS Date of Receipt Mailing Address 444 NE Ravenna Blvd. 0.1 22 2007 STE, 108 City State Zip Code Transaction ID: SA11A1.85220 Seattle WA 98115 Amount of Each Receipt this Period FEC ID number of contributing 30.00 C federal political committee. Name of Employer AFSCME WA CN 28 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General 201.00 Other (specify) 382.00 SUBTOTAL of Receipts This Page (optional) .....

5467.68

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

FOR LINE NUMBER: PAGE 14/34 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 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, QUALIFIED Full Name (Last, First, Middle Initial) A. DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY Date of Receipt Mailing Address PO BOX 2882 0.1 29 2007 CHURCH STREET STATION City Zip Code State Transaction ID: SA12.85497 **NEW YORK** NY 10008 Amount of Each Receipt this Period FEC ID number of contributing 79535.48 C C00149211 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 79535.48 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	79535.48
TOTAL This Period (last page this line number only)	<b>→</b>	79535.48

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/34
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	11a 11b 11c 12
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Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and ado	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	AMERICAN FEDERATION OF STATE C ED	OUNTY &	MUNICIPAL EMPLOYEES	- P E O P L E, QUALIFI-
A.	Full Name (Last, First, Middle Initial) THE CAMPAIGN GROUP			Date of Receipt
	Mailing Address 1600 Locust Street			01 12 2007
	City	State	Zip Code	Transaction ID: SA15.84878
	<u>Philadelphia</u>	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1224.00
	Name of Employer	Occupation	1	Refund/Media Ads
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General		1004.00	1
	Other (specify) ▼	0 0	1224.00	
В.	Full Name (Last, First, Middle Initial) THE CAMPAIGN GROUP			Date of Receipt
	Mailing Address 1600 Locust Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA15.84879
	<u>Philadelphia</u>	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing			637.50
	federal political committee.	C		637.30
	Name of Employer	Occupation	1	Refund/Media Ads
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General	7.99.094.0		1
	Other (specify) ▼	0 0	1861.50	
<u> </u>	Full Name (Last, First, Middle Initial) THE CAMPAIGN GROUP			Date of Receipt
-	Mailing Address 1600 Locust Street			M M / D D / Y Y Y Y
	-			01 18 2007
	City	State	Zip Code	Transaction ID: SA15.85061
	Philadelphia	PA	19103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		59.50
	Name of Employer	Occupation	١	Refund/Media Ads
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1021.00	1
	Other (specify) ▼		1921.00	
	UBTOTAL of Receipts This Page (optional)			1921.00
$\vdash$	ODI OTAL OF HOOOIPED THIS I ago (optional)			
Ιт	OTAL This Period (last page this line number on	lv)		1921.00

FOR LINE NUMBER: PAGE 16/34 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c Detailed Summary Page 13 14 **X** 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, QUALIFIED Full Name (Last, First, Middle Initial) AMALGAMATED BANK Date of Receipt Mailing Address 15 Union Square 31 2007 City State Zip Code Transaction ID: SA17.85575 New York NY 10003 Amount of Each Receipt this Period FEC ID number of contributing C 312.48 federal political committee. Interest Income 1/31/07 Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 312.48 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	312.48
TOTAL This Period (last page this line number only)	<b>—</b>	312.48

	CHEDULE B (FEC FOIII 3X)	Use seperate schedule(s)		NE NUMBER: PAGE 17/34 only one)
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
	ly Information copied from such Reports and State for commercial purposes, other than using the name			
	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE COED			
Α.	Full Name (Last, First, Middle Initial)  AMALGAMATED BANK			Transaction ID: SB21B.85082 Date of Disbursement  0 1 2 3 2 0 0 7
	Mailing Address 15 Union Square			0, 20 .200
	City New York	State Zip Code NY 10003		Amount of Each Disbursement this Period
	Purpose of Disbursement Interest Payment Candidate Name		001 Category/	17760.42
	Office Sought:  House Senate President State:  Disburs Disburs	ement For: Primary General Other (specify)	Туре	
В.	Full Name (Last, First, Middle Initial) AMALGAMATED BANK			Transaction ID: SB21B.85578 Date of Disbursement
	Mailing Address 15 Union Square			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City New York	State Zip Code NY 10003		Amount of Each Disbursement this Period
	Purpose of Disbursement Interest Payment Candidate Name		001 Category/	17760.41
			Type	
	Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		
C.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: SB21B.85457 Date of Disbursement
	Mailing Address P.O. Box 53852			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
	Purpose of Disbursement Service Charge 1/23/07		001	5.91
	Candidate Name		Category/ Type	
	Senate President	ement For: Primary General Other (specify)		
<u>_</u>	-			35526.74
	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only			00020.17
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5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NE NUMBER: PAGE 18/34						
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			27	28a 28b 28c 29 30b						
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or	for commercial purposes, other than using the n	ame and address of any political c	ommittee to so	olicit contributions from such committee						
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)									
$\rangle$	AMERICAN FEDERATION OF STATE (ED	COUNTY & MUNICIPAL EM	PLOYEES -	PEOPLE, QUALIFI-						
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.83909						
٩.	BART GROUP			Date of Disbursement						
				M M / D D / Y Y Y Y						
	Mailing Address 171 Main Street			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City	State Zip Code		Amount of Each Disbursement this Period						
	Port Washington	NY 11050								
	Purpose of Disbursement			92.50						
	Service Charge 1/4/07		001							
	Candidate Name	Category/								
			Type							
	Office Sought: House Disbu	rsement For:								
	Senate	Primary General								
	President	Other (specify)								
	State: District:									

SUBTOTAL of Disbursements This Page (optional)	•	92.50
TOTAL This Period (last page this line number only)	<b>—</b>	35619.24

0		<b>v</b>								
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IT	EMIZED DISBURSEMENT	for each of	category of the	(CHECK OIII	<u>^</u>	од По <u>г</u> Поо				
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	for commercial purposes, other than using									
Ν	NAME OF COMMITTEE (In Full)									
17	AMERICAN FEDERATION OF ST	ATE COUNTY & M	IUNICIPAL EN	IPLOYEES - I	P E O P L E, QUALI	FI-				
$\mathbb{L}$	ED									
	Full Name (Last, First, Middle Initial)				Transaction ID: SB	22.84501				
A.	AFSCME PEOPLE- Non Federal A	Account			Date of Disbursemen	nt				
	AA 35 A 11				0 1	2007				
	Mailing Address 1625 L Street NV	W			01 10	2007				
	City	State	Zip Code		Amount of Each Dis	bursement this Period				
	Washington	DC	20036							
	Purpose of Disbursement			-		3000.00				
	Tfr non-fed acct for non-fed activity			008						
	Candidate Name			Category/						
				Type						
	Office Sought: House	Disbursement For:								
	Senate	Primary	General							
	President	Other (spe	cify)							
	State: District:									
_	Full Name (Last, First, Middle Initial)				Transaction ID: SB	22.84720				
В.	AFSCME PEOPLE- Non Federal A	Account			Date of Disbursemen	nt				
					M M / D D	2007				
	Mailing Address 1625 L Street NV	W			0 1 1 1	2007				
	City	State	Zip Code		Amount of Each Dis	bursement this Period				
	Washington	DC	20036							
	Purpose of Disbursement					25800.00				
Tfr non-fed acct for non-fed activity				800						
	Candidate Name			Category/						
				Туре						
	Office Sought: House	Disbursement For:								
	Senate	Primary	General							
	President	Other (spe	cify)							
	State: District:									

		2000000
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	28800.00
		00000 00
TOTAL This Period (last page this line number only)	•	28800.00

	CHEDULE B (FEC FOIIII 3X)	Use seperate schedule(s)			IUMBER	:	PA	GE 20	/ 34
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		ck only 21b 27	,	X 23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								
$\rangle$	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE CO ED								
۹.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS  Mailing Address P.O. BOX A					ction ID: Disburse	ment	4502 ´ ž o č	) 7 <sup>Y</sup>
	Clarks Summit	State Zip Code PA 18411			Amount	of Each	Disburse		
	Purpose of Disbursement Contribution Candidate Name		011 Categor Type	ry/				1000	0.00
		ment For: 2008 Primary General Other (specify)	Турс						
3.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE					ction ID: Disburse	ment		· · · · · ·
	Mailing Address P. O. BOX 1776				0 1	<sup>′</sup> <sup>D</sup> 0	9 /	žοč	7
	•	State Zip Code PA 15042			Amount	of Each	Disburse		
	Purpose of Disbursement Contribution Candidate Name		011 Categor	rv/	L.	• • •		1000	0.00
	Senate X	ment For: 2008 Primary General	Туре						
	State: PA District: 04	Other (specify)							
Э.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MCHUGH				Date of	ction ID: Disburse	ment		
	Mailing Address P. O. BOX 6161				0 1 M	/ D 1	9 / `	žοč	7
		State Zip Code NY 13601			Amount	of Each	Disburse		
	Purpose of Disbursement Contribution		011					1000	0.00
	Candidate Name		Categor Type	ry/					
	ů X	ment For: 2008 Primary General Other (specify)				_	_	_	
s	SUBTOTAL of Disbursements This Page (optional)								
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21k	<u> </u>		23 28b	24 28c	Н	25 29	ш	26 30b
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$\rangle$	AMERICAN FEDERATION OF STATE CO	UNTY & MUNICIPAL E	MPLC	OYEES	6 - P	EOPL	E, QU	ALIFI-				
	Full Name (Last, First, Middle Initial)					Transac	tion ID:	SB23.8	3507	1		
٦.	CUMMINGS FOR CONGRESS					Date of			V * V		V	
	Mailing Address 2901 Druid Park Drive Suite 203					0 1	<sup>/</sup> 1	9 / 9	' <u>2</u>	0 ŏ 7		
		State Zip Code MD 21215				Amount	of Each	Disburse	emen	t this P	erioc	1
	Purpose of Disbursement	WD 21213			_				1	000.0	0	
	Contribution		] [_(	011								
	Candidate Name			tegory/ Type								
	X	ment For: 2008 Primary General										
	President	Other (specify)										
	State: MD District: 07											
2	Full Name (Last, First, Middle Initial)	ALON COMMITTEE				Transac			3424	4		
<b>.</b>	DEMOCRATIC CONGRESSIONAL CAMPA	AIGN COMMITTEE				Date of			y y	Υ	Υ	
	Mailing Address 430 SOUTH CAPITOL S	TREET SE				0 1	0	5 /	2	0 0 7		
	,	State Zip Code DC 20003				Amount	of Each	Disburse	emen	t this P	erioc	i
	Purpose of Disbursement	20000			-				15	5000.0	0	
	Contribution-PAC		] [_(	011								
	Candidate Name			tegory/ Γype								
	Office Sought: House Disburse	ment For: 2007	ļ '	урс								
	Senate	Primary General										
	President X State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)					Transca	tion ID:	SB23.8		6		
Э.	DEMOCRATIC FRESHMEN PAC					Date of			1520	0		
	Mailing Address 236 Massachuetts Ave. N	JE				0 1	/ D2	5 /	y y 2	0 ŏ 7	Υ	
	#508	, 				-						
	,	State Zip Code DC 20002				Amount	of Each	Disburse	emen	t this P	erioc	
	Purpose of Disbursement Contribution-PAC			011	1				. 5	0.000	0	
	Candidate Name		Ca	tegory/ Type	1							
		ment For: 2007	-									
	Senate	Primary General										
	State: President X  State: District:	Other (specify)										
	1								01	000	Λ.	$\overline{}$
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a	23 24 28b 28	-					
Any Information copied from such Reports and Stateme or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any political co	ininillee to son	Cit Coritributi	IONS HOM SUCI	COMMI	<del></del>				
AMERICAN FEDERATION OF STATE COL	INTY & MUNICIPAL EMP	LOYEES - F	EOPLE	E, QUALIFI-						
Full Name (Last, First, Middle Initial)				on ID: SB23	.85072					
FRIENDS OF DICK DURBIN COMMITTEE			M M	isbursement	Y Y ,	YY				
Mailing Address P. O. BOX 1949			0 1 M / D 1 9 / Y 2 0 0 7 Y							
City S Springfield I	tate Zip Code L 62705		Amount of	f Each Disbur	sement thi	is Period				
Purpose of Disbursement	02700				100	0.00				
Contribution		011								
Candidate Name		Category/ Type								
Office Sought: House Disbursen	nent For: 2009 Primary General									
	Other (specify)									
State: IL District: 00										
Full Name (Last, First, Middle Initial)  FRIENDS OF JOE BACA				on ID: SB23	.85073					
FRIENDS OF JOE BACA			м м	isbursement	YYY	YY				
Mailing Address 555 Capitol Mall Suite 142	25		0 1	19	žo	0 7				
•	tate Zip Code CA 95814-0000		Amount of	f Each Disbur	sement thi	is Period				
Purpose of Disbursement	37. 00011 0000				100	0.00				
Contribution		011								
Candidate Name		Category/ Type								
Office Sought: X House Disbursen										
	Primary General  Other (specify)									
State: CA District: 43	Other (specify)									
Full Name (Last, First, Middle Initial)				on ID: SB23	.85074					
FRIENDS OF JOHN BARROW			Date of Di	isbursement	V . V	V				
Mailing Address P. O. BOX 8166			0 1	19	ž0	0 7				
•	tate Zip Code GA 31412		Amount of	f Each Disbur	sement thi	is Period				
Purpose of Disbursement Contribution		011			100	0.00				
Candidate Name		Category/								
		Туре								
Office Sought: X House Disbursen Senate X	nent For: 2008 Primary General									
	Other (specify)									
State: GA District: 12										
SUBTOTAL of Disbursements This Page (optional)		<b>&gt;</b>			300	0.00				
TOTAL This Period (last page this line number only) .										

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	Check only			PAGE	23 / 34	1
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 28a		24   28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)	and address of any political col	TITTILLEE TO SOIL	JIL COLILIDULI	0115 110111 50	ucii comi	iiiiiee	
AMERICAN FEDERATION OF STATE CO	JNTY & MUNICIPAL EMPL	_OYEES - P	EOPLE	E, QUALIF	=I-		
Full Name (Last, First, Middle Initial)  FRIENDS OF SENATOR CARL LEVIN				on ID: SB2 sbursemen		5	
Mailing Address 10 G St., NE, Suite 470			01	19	/ Y 2	0 0 7	Y
	State Zip Code DC 20002		Amount of	Each Disb			-
Purpose of Disbursement Contribution		011			. 1	00.00	0
Candidate Name	C	Category/ Type					
Office Sought:    House   Disburse   X	nent For: 2008 Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			Transacti	on ID: SB2	22 9507	6	
HERSETH FOR CONGRESS				sbursemen	t		Y
Mailing Address P.O. Box 2009			0 1	19	2	0 0 7	
,	State Zip Code SD 57101		Amount of	Each Disb			-
Purpose of Disbursement Contribution		011			1	000.00	)
Candidate Name	C	Category/ Type					
President	nent For: 2008 Primary General Other (specify)						
State: SD District: 00							
Full Name (Last, First, Middle Initial)  JOHN SALAZAR FOR CONGRESS			Date of Di	on ID: SB2 sbursemen	t		-
Mailing Address 307 N. Santa Fe			0 1	19	Ž	0 Ď 7	Ť
,	State Zip Code CO 81003		Amount of	Each Disb			-
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Office Sought:  X House Senate President State: CO District: 03	nent For: 2008 Primary General Other (specify)						
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name								3
$\rangle$	NAME OF COMMITTEE (In Full)  AMERICAN FEDERATION OF STATE CO								
۹.	Full Name (Last, First, Middle Initial) MARK PRYOR FOR US SENATE  Mailing Address P. O. BOX 2720					tion ID: SB2 Disbursemen	nt	78 Ž 0 Ŏ 7	Y
	City LITTLE ROCK	State Zip Code AR 72203			Amount	of Each Disk			
	Purpose of Disbursement Contribution Candidate Name		01 Categ	jory/				1000.0	00
		ment For: 2008 Primary General Other (specify)	Тур						
3.	Full Name (Last, First, Middle Initial) MICHAUD FOR CONGRESS					tion ID: SB2 Disbursemen	nt		V
	Mailing Address 213 Lisbon Street				0 1	<sup>1</sup> 1 9	/ <u> </u>	2007	<u> </u>
	City Lewiston	State Zip Code ME 04240			Amount	of Each Disk			-
	Purpose of Disbursement Contribution Candidate Name		01 Categ	jory/			•	1000.0	, ,
	9 1	ment For: 2008 Primary General Other (specify)	- 76						
Э.	Full Name (Last, First, Middle Initial) PATRICK MURPHY FOR CONGRESS				Date of [	tion ID: SB2 Disbursemer	nt		_
	Mailing Address P. O. BOX 868				01	0 9	/	ž 0 ŏ 7	Y
	City Levittown	State Zip Code PA 19058-0868			Amount	of Each Disk			-
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	9 1	ment For: 2008 Primary General Other (specify)							
s	SUBTOTAL of Disbursements This Page (optional)								
T	OTAL This Period (last page this line number only)			<b></b>		• • •			

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	CHEDULE B (FEC Form 3X)	Use seperate sched			R LINE neck onl	NUMBEF	₹:		PA	GE	25 /	34	
ΙT	EMIZED DISBURSEMENTS	for each category of		1 <u>`</u> .	21b [	7 22 <b>□</b>	<b>□</b> 24	25		26			
		Detailed Summary	Page	Ш	27	$\frac{1}{28a}$	X 23 28b	ŀ	- 28c	$\vdash$	29	$\vdash$	30b
An	y Information copied from such Reports and Statem	ents may not be sold	or used by	v anv						ontri	_	s	000
	for commercial purposes, other than using the name												
Λ	NAME OF COMMITTEE (In Full)												
$\angle$	AMERICAN FEDERATION OF STATE COLED	JNTY & MUNICIPA	AL EMP	LOY	EES -	PEOP	LE, Q	UA	ALIFI-				
	Full Name (Last, First, Middle Initial)					Transa	ction II	D: \$	SB23.8	450	5		
Α.	SESTAK FOR CONGRESS					Date of	f Disbur	ser	ment				
	Mailing Address P. O. BOX 16					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					7 Y		
	City	State Zip Code	е			Amount of Each Disbursemer					t this I	Perio	od .
	Media	PA 19063						-		_		_	
	Purpose of Disbursement		Г		-					1	000.	00	
	Contribution			01	1								
	Candidate Name			Categ	•								
				Тур	e								
	Office Sought: X House Disburse Senate X		18 eneral										
	President	Other (specify)	enerai										
	State: PA District: 07	Other (specify)											
	Full Name (Last, First, Middle Initial)					Tuonos		D- (					
В.	TIM JOHNSON FOR SOUTH DAKOTA					Transaction ID: SB23.85080 Date of Disbursement							
						M N			D / Y	Y	Y .	Υ	
	Mailing Address P. O. BOX 1859					0 1	J L	1 :	9	2	o ŏ 7		
		State Zip Code	е			Amour	t of Eac	h [	Disburse	men	t this I	Perio	od
		SD 57101										20	
	Purpose of Disbursement Contribution			04.					-		000.	JU	
	Candidate Name		— L	01									
	Candidate Natife		`	Categ Typ									
	Office Sought: House Disburse	ment For: 200	18										
			eneral										
	President	Other (specify)											

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SUBTOTAL of Disbursements This Page (optional)	<u> </u>	2000.00
TOTAL This Period (last page this line number only)	•	35000.00

State: SD

District: 00

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S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 26/34
IT	EMIZED DISBURSEMENTS		(check only	y one)  22
	y Information copied from such Reports and for commercial purposes, other than using the			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	AMERICAN FEDERATION OF STATED	E COUNTY & MUNICIPAL EMP	PLOYEES - I	PEOPLE, QUALIFI-
	Full Name (Last, First, Middle Initial)			Transaction ID: SB26.85576
۹.	AMALGAMATED BANK			Date of Disbursement
	Mailing Address 15 Union Square			01
	City	State Zip Code		Amount of Each Disbursement this Period
	New York	NY 10003		000000
	Purpose of Disbursement	l I		208333.33
	Principal Payment 1/31/07		009	
	Candidate Name		Category/ Type	
	Office Sought: House Di		1 3 pc	
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	•	208333.33
TOTAL This Period (last page this line number only)	•	208333.33

SCHEDOLL B (I LOT OHII 3A)	Use seperate schedule(s)	FOR LINE		PAGE 27/34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 X 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	e and address of any political co	minilitée to soi	icit contributions	Trom such committee
AMERICAN FEDERATION OF STATE CO	UNTY & MUNICIPAL EMP	LOYEES - F	PEOPLE, Q	UALIFI-
Full Name (Last, First, Middle Initial)			Transaction I	<b>D:</b> SB28A.85056
A. VALENTINE CONDON			Date of Disbur	
Mailing Address 13 Helen Ave.			0 1	18 7 2007
City Wanningers Falls	State Zip Code NY 12590		Amount of Eac	ch Disbursement this Period
Wappingers Falls Purpose of Disbursement	12590			50.00
Refund		010		
Candidate Name		Category/ Type		
Office Sought: House Disburs	ement For:    Primary   General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				<b>D:</b> SB28A.85046
S. VINCENT DESTEFANO			Date of Disbur	
Mailing Address 213 Columbus Pkwy			0 1	18 7 2007
City Mineola	State Zip Code NY 11501		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement	11001			15.00
Refund		010		
Candidate Name		Category/ Type		
Office Sought: House Disburs	ement For:    Primary   General			
President	Primary General Other (specify)			
State: District:	, (1 <i>)</i> / <b>\</b>			
Full Name (Last, First, Middle Initial)				<b>D:</b> SB28A.85058
NORMA ELDER			Date of Disbur	
Mailing Address 83-35 139th St., #5F			0 1	18 2007
City Jamaica	State Zip Code NY 11435		Amount of Eac	ch Disbursement this Period
Purpose of Disbursement Refund	Γ	010		20.00
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General Other (specify) ▼			
State: District:	Caron (opcony)			
SUBTOTAL of Disbursements This Page (optional)				85.00
<b>TOTAL</b> This Period (last page this line number only				

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	FOR LINE		PAGE 28/34
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 X 28a 28b	24 25 26 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)	le and address of any political co	ommittee to so	icit contributions in	om such committee
AMERICAN FEDERATION OF STATE C	DUNTY & MUNICIPAL EMP	LOYEES - F	PEOPLE, QU	ALIFI-
Full Name (Last, First, Middle Initial)			Transaction ID:	SB28A.85054
A. AUDREY FARLEY			Date of Disburse	
Mailing Address 804 Wharton Hollow Ro			0 1 1	8 7 2007
City Summit	State Zip Code NY 12175		Amount of Each	Disbursement this Period
Purpose of Disbursement	12175			10.00
Refund		010		
Candidate Name		Category/ Type		
Office Sought: House Disburs	ement For:    Primary   General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)  3. DORIS FREDIANI				SB28A.85037
DORIS FREDIANI			Date of Disburse	
Mailing Address 212 Bennington Rd.			0 1 1	8 7 2007
City Amherst	State Zip Code NY 14226		Amount of Each	Disbursement this Period
Purpose of Disbursement	-	• •		10.00
Refund		010		
Candidate Name		Category/ Type		
9 🗎	ement For:			
Senate President	Primary General  Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)			Transaction ID:	SB28A.85035
VINCENZO GALLO			Date of Disburse	
Mailing Address 155 Greenwich St., Apt. E4-10			0 1 1	8 7 2007
City Hempstead	State Zip Code NY 11550		Amount of Each	Disbursement this Period
Purpose of Disbursement Refund		010		10.00
Candidate Name		Category/ Type		
	ement For:			
Senate President	Primary General			
State: District:	Other (specify)			
SUBTOTAL of Disbursements This Page (optional				30.00
CODITION DISDUISEMENTS THIS FAGE (OPTIONAL		······		
TOTAL This Period (last page this line number only	)			

SCHEDULE B (I LCI OIIII 3X)	Use seperate schedule(s)	(check only			PAGE 29/	34
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b	one) 22 ( 28a	23 24 28b 28		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)	and address of any political co	J. 11111111100 10 301	ion commudi	iona mont suc	. committee	
AMERICAN FEDERATION OF STATE CO	JNTY & MUNICIPAL EMP	PLOYEES - F	PEOPLE	E, QUALIFI		
Full Name (Last, First, Middle Initial)				on ID: SB28	A.85031	
• PATRICIA GOODEN				isbursement	V V V	V
Mailing Address 52 Charmwood Rd.			01	18	žoŏ	7
	State Zip Code NY 14534		Amount o	f Each Disbur	sement this	Period
Purpose of Disbursement	I				50	.00
Refund Candidate Name		010				
Cardidate Name		Category/ Type				
Office Sought: House Disburse						
Senate   President	Primary General Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)				on ID: SB28	A.85044	
MARY HARRIS			Date of Di	isbursement	V V V	V
Mailing Address 119-50 177th St.			0 1	18	žoŏ	7 '
,	State Zip Code NY 11434		Amount o	f Each Disbur	sement this	Period
Purpose of Disbursement	11454				10	.00
Refund		010				
Candidate Name		Category/ Type				
Office Sought: House Disburse						
Senate   President	Primary General  Other (specify)					
State: District:	<b>₹</b>					
Full Name (Last, First, Middle Initial)  DORIS KIMMEL				on ID: SB28	A.85052	
Mallian Address			0 1	/ D D /	<sup>Y</sup> 200	7 <sup>Y</sup>
Mailing Address 225 Poplar Ct.				-		
	State Zip Code NY 11793		Amount o	f Each Disbur	sement this	Period
Purpose of Disbursement Refund	Γ	010			. 1.	.00
Candidate Name	L	Category/ Type				
Office Sought: House Disburse						
Senate	Primary General					
State: President State:	Other (specify)					
SUBTOTAL of Disbursements This Page (optional) .				•	61.	00
OUDITION DISDUISMENTS THIS Fage (uptional).						
TOTAL This Period (last page this line number only)			L			

TEMPED DISPUDICATION	Use seperate schedule(s)		(check only		only one)					30 / 34	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b	Ć.	22	23	24		25		26
	, ,		27		28a	28b	28c		29		30b
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam										i	
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,										
AMERICAN FEDERATION OF STATE CC	UNTY & MUNICIPAL EMPI	LOY	EES -	PE	OPL	E, QU	ALIFI-				
Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	SB28A	.8525	58		
LINNUS LOOS						Disburse				V	
Mailing Address 75 Olmstead					01	<sup>/</sup> 2	4 /	Ź	0 ŏ 7	1	
City	State Zip Code NY 14043			A	mount	of Each	Disburse	ement	this P	erioc	i
Depew Purpose of Disbursement	14043			- [					15.4	0	٦
Refund		01	0	'							
Candidate Name		Categ Typ									
	ement For:										
Senate   President	Primary General Other (specify)										
State: District:	Care (Speed)										
Full Name (Last, First, Middle Initial)				Т	ransac	tion ID:	SB28A	.8503	39		
ROBERT MCGINTY						Disburse					
Mailing Address 5251 S Nine Mile Rd.					0 1	/ <b>1</b>	8 /	ž	0 ŏ 7	Y	
City Allegany	State Zip Code NY 14706			<i>A</i>	mount	of Each	Disburse	ement	this P	erioc	i
Purpose of Disbursement Refund		01	0	† [		-		_	10.0	0	
Candidate Name		Categ Typ	ory/								
ÿ	ement For:										
Senate President	Primary General Other (specify) ▼										
State: District:	Other (specify)										
Full Name (Last, First, Middle Initial)							SB28A	.8504	12		
ANTHONY MUSCATIELLO					Date of L	Disburse / D	D / `	ΥΥ	Y	Υ	
Mailing Address 121 Saratoga Ave.					0 1	1	8	2	0 ŏ 7		
City Waterford	State Zip Code NY 12188			A	Mount	of Each	Disburse	ement	this P	erioc	i
Purpose of Disbursement Refund	Г	0.1		1 L					5.0	0	
Candidate Name		01 Cated Typ	ory/								
Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)										
State: District:											
SUBTOTAL of Disbursements This Page (optional)			<u> </u>	[					30.4	0	
TOTAL This Period (last page this line number only)											٦

		Use seperate schedule(s)		check o			٦.	L	FAGE	31/3	04	_
ΙT	MIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b			22	23	□ 2	4	25	<u> </u>			
				27	Х	28a	28b		8c	29	30	b
	y Information copied from such Reports and Staten for commercial purposes, other than using the name										5	
\ \	NAME OF COMMITTEE (In Full)	s and address of any pointed of			,01101							_
	AMERICAN FEDERATION OF STATE CC	UNTY & MUNICIPAL EMP	LO	YEES -	- P E	E O P	LE, Q	UALIF	<b> </b> -			
	Full Name (Last, First, Middle Initial)					Transa	ction II	D: SB2	8A.85	514		
۹.	THOMAS PETRILLA							sement			_	
	Mailing Address 2374 North Rd., NE					01		3 1 /	2	2 0 ŏ 7	Y	
	City	State Zip Code				Amour	nt of Eac	h Disbu	ırsemer	nt this F	eriod	
	Warren	OH 44483					-	-	-	400.0	00	
	Purpose of Disbursement Refund		0	10		-					,,,	
	Candidate Name			egory/ /pe								
	Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)										
	State: District:	Other (specify)										
	Full Name (Last, First, Middle Initial)					Transa	ection II	D: SB28	8A 852	264		_
3.	MARK D. REINHARD						f Disbur	sement	o,oo.	-0.		
	Mailing Address 1529 Farm To Market Rd.						$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & D & 0 \end{smallmatrix} \end{bmatrix} \ \ \ \\ \begin{bmatrix} Y & Z & O & O & T \\ D & D & D \\ D & D \\ D & D & D \\ D & D \\ D & D & D \\ D & D \\ D & D & D \\ D \\ D & D \\ D & D \\ D & D \\ D \\ D & D \\ D & D \\ D \\ D & D \\ D & D \\ D \\ D & D \\ D & D \\ D \\$					
	City	State Zip Code				Amour	nt of Eac	h Disbu	ırsemer	nt this F	eriod	_
	Endwell	NY 13760				_				4.(	10	
	Purpose of Disbursement Refund		0	10		-				4.0	,,,	
	Candidate Name		Cate	egory/								
	Senate President	ment For: Primary General Other (specify)										
	State: District: Full Name (Last, First, Middle Initial)											_
Э.	MARGARET SMALL					Date o	f Disbur				V	
	Mailing Address 260-49 75th Ave.					01	/ D	18	, 2	2 0 ŏ 7		
	City Glen Oaks	State Zip Code NY 11004				Amour	nt of Eac	h Disbu	ırsemer	nt this F	Period	
	Purpose of Disbursement Refund									10.0	00	
	Candidate Name			egory/ /pe								
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)										
	L									414.0	)O	_
S	UBTOTAL of Disbursements This Page (optional)					<u>_</u>				414.U		
т	OTAL This Period (last page this line number only)			•								

	CHEDULE B (FEC Form 3X)	Use seperate s			NE NUMBER: PAGE 32 / 34 only one)	iE 32 / 34			
ITI	EMIZED DISBURSEMENTS	for each catego Detailed Sumn			21b 27	22 23 24 25 26 X 28a 28b 28c 29 30b	)		
	y Information copied from such Reports and for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATED	E COUNTY & MUNI	CIPAL EM	PLOY	EES -	- P E O P L E, QUALIFI-			
	Full Name (Last, First, Middle Initial) CHERYL TOBIN					Transaction ID: SB28A.85050 Date of Disbursement  0 1			
	Mailing Address 137 Aldrich Pl.					01 18 2007			
	City Buffalo		Code 220			Amount of Each Disbursement this Period			
	Purpose of Disbursement Refund			01	0	50.00			
	Candidate Name			Categ Typ	•				
	Senate President	sbursement For: Primary Other (specify)	General ▼						
	State: District:						_		
_	Full Name (Last, First, Middle Initial) CAROL UHLIG					Transaction ID: SB28A.85033 Date of Disbursement			
	Mailing Address 84 Clinton St.					01 18 7 2007			
	City Oneonta		Code 820			Amount of Each Disbursement this Period			
	Purpose of Disbursement Refund			01	0	10.00			
	Candidate Name			Categ Typ	-				
	Office Sought: House D Senate President State: District:	isbursement For: Primary Other (specify)	General ▼						

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	60.00
TOTAL This Period (last page this line number only)	<b>—</b>	680.40

# SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 33 / 34
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)						
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL E	·					
<u>-</u> U	Transaction ID: SC/10.80771					
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:					
AMALGAMATED BANK	Primary					
	General					
Mailing Address 15 Union Square	Other (specify)					
City New York State NY ZIP Coc	de 10003					
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period					
2000000.00	208333.33 1791666.67					
TERMS  Date Incurred  Date Due	Interest Rate Secured:					
M M D D Y Y Y Y						
1 0 1 9 2 0 0 6 12/31/2007	8.2500Q%(apr) X Yes No					
List All Endorsers or Guarantors (if any) to Loan Source						
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
(-10.5, -1	Traine of Employee					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional)	1791666.67					
TOTALS This Period (last page in this line only)						
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Sche						
carry outstanding balance only to Line 3, Schedule D, for this line. If no Sche	squie b, carry forward to appropriate line of Summary.					

# SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 34 / 34
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)						
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL E						
LOAN SOURCE Full Name (Last, First, Middle Initial)	Transaction ID: SC/10.80997  Election:					
AMALGAMATED BANK	Primary					
AMALGAMATED BANK	General					
Mailing Address 15 Union Square	Other (specify)					
City New York State NY ZIP Cox	de 10003					
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period					
500000.00	0.00 500000.00					
TERMS  Date Incurred  Date Due	Interest Rate Secured:					
M M D D Y Y Y Y						
1 0 2 5 2 0 0 6 12/31/2007	8.2500 Q%(apr) X 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					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
	Amount					
City State ZIP Code	Guaranteed Outstanding:					
SUBTOTALS This Period This Page (optional) 500000.00						
TOTALS This Period (last page in this line only)	2291666.67					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropraite line of Summary.						