

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

1625 L STREET NW

☐Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00011114

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2007

through

01

31

2007

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

Type or Print Name of Treasurer

WILLIAM LUCY

Signature of Treasurer

Electronically Filed by WILLIAM LUCY

Date

02

20

2007

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

Office
Use
Only**FEC FORM 3X**
(Rev. 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

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	1	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		726445.04
(b) Cash on Hand at Beginning of Reporting Period	726445.04	
(c) Total Receipts (from Line 19)	512092.16	512092.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1238537.20	1238537.20
7. Total Disbursements (from Line 31)	308432.97	308432.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	930104.23	930104.23
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	2291666.67	

☐ 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

Write or Type Committee Name

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

Report Covering the Period:

From:

M M D D Y Y W Y
0 1 0 1 2 0 0 7

To:

M M D D Y Y W Y
0 1 3 1 2 0 0 7

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)	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
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	430323.20	430323.20
12. Transfers From Affiliated/Other Party Committees	79535.48	79535.48
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1921.00	1921.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	312.48	312.48
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	512092.16	512092.16
20. 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
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(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
22. Transfers to Affiliated/Other Party Committees.....		28800.00	28800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		35000.00	35000.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		208333.33	208333.33
27. Loans Made.....		0.00	0.00
28. 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
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		308432.97	308432.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		308432.97	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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 34

☒ 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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) PATRICIA BODAY			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 14113 SR 165E P. O. BOX 230			Transaction ID: SA11A1.85204	
City State Zip Code Buckley WA 98321			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
B. Full Name (Last, First, Middle Initial) PAUL BOOTH			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 6 / 2 0 0 7	
Mailing Address 3724 Benton Street NW			Transaction ID: SA11A1.85342	
City State Zip Code Washington DC 20007-1803			Amount of Each Receipt this Period 173.66	
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 ▼ 347.32		
C. Full Name (Last, First, Middle Initial) GREG DEVEREUX			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 7	
Mailing Address 3561 S.E. Kamilehe Point Road			Transaction ID: SA11A1.84334	
City State Zip Code Shelton WA 98584			Amount of Each Receipt this Period 846.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28		Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 846.00		

SUBTOTAL of Receipts This Page (optional)

1059.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) GREG DEVEREUX			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 3561 S.E. Kamilehe Point Road			Transaction ID: SA11A1.85205	
City State Zip Code Shelton WA 98584			Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28		Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 946.00		
B. Full Name (Last, First, Middle Initial) GREG DEVEREUX			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7	
Mailing Address 3561 S.E. Kamilehe Point Road			Transaction ID: SA11A1.85329	
City State Zip Code Shelton WA 98584			Amount of Each Receipt this Period 13.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WA CN 28		Occupation EXECUTIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 959.00		
C. Full Name (Last, First, Middle Initial) JUDY DEVOE			Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7	
Mailing Address 3256 Ocean Beach Hwy			Transaction ID: SA11A1.85206	
City State Zip Code Longview WA 98632			Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer STATE EMP VANCOUVER		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional)

153.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial)
MARY DONNELLY

Mailing Address 3617 AUTUMNWOOD COURT, S.E.

City State Zip Code
BOSTON HARBOR WA 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 ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.84336

Amount of Each Receipt this Period

270.00

B. Full Name (Last, First, Middle Initial)
MARY DONNELLY

Mailing Address 3617 AUTUMNWOOD COURT, S.E.

City State Zip Code
BOSTON HARBOR WA 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.85207

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
DENNIS EAGLE

Mailing Address 5007 26th Ave., SE

City State Zip Code
Lacey WA 98503

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 ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.84337

Amount of Each Receipt this Period

720.00

SUBTOTAL of Receipts This Page (optional)

1020.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 34

☒ 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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial)

DENNIS EAGLE

Mailing Address 5007 26th Ave., SE

City State Zip Code
 Lacey WA 98503

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.85208

Amount of Each Receipt this Period

80.00

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

BEN GRANTHAM

Mailing Address 1110 Chestnut Street S.E.
 #202

City State Zip Code
 Olympia WA 98501

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 ▼

222.47

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.85210

Amount of Each Receipt this Period

26.42

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

BEV HERMANSON

Mailing Address 6836 DENA COURT S.E.

City State Zip Code
 OLYMPIA WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28

Occupation
DIRECTOR OF POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.84342

Amount of Each Receipt this Period

540.00

SUBTOTAL of Receipts This Page (optional)

646.42

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 34

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

BEV HERMANSON

Mailing Address 6836 DENA COURT S.E.

City

OLYMPIA

State

WA

Zip Code

98501

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28

Occupation

DIRECTOR OF POLITICAL ACTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.85211

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

AMBER LEWIS

Mailing Address P. O. BOX 1563

City

Olympia

State

WA

Zip Code

98507

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 ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	0	7

Transaction ID: SA11A1.84348

Amount of Each Receipt this Period

540.00

C.

Full Name (Last, First, Middle Initial)

AMBER LEWIS

Mailing Address P. O. BOX 1563

City

Olympia

State

WA

Zip Code

98507

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 ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	2	/	2	0	0	7

Transaction ID: SA11A1.85213

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial)
WILLIAM LUCY
Mailing Address 1831 Sudbury Lane NW

City State Zip Code
WASHINGTON DC 20012-2202

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 ▼

242.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.85392

Amount of Each Receipt this Period

121.18

B. Full Name (Last, First, Middle Initial)
GERALD MCENTEE
Mailing Address 800 25th Street NW
Apt. #406

City State Zip Code
Washington DC 20037-2207

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 ▼

285.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.85400

Amount of Each Receipt this Period

142.82

C. Full Name (Last, First, Middle Initial)
LAURIE MERTA
Mailing Address 9829 59th Street, Court W

City State Zip Code
Tacoma WA 98467-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
AFSCME WA CN 28

Occupation
CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 3 / 2 0 0 7

Transaction ID: SA11A1.84352

Amount of Each Receipt this Period

680.00

SUBTOTAL of Receipts This Page (optional)

944.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) LAURIE MERTA Mailing Address 9829 59th Street, Court W City Tacoma State WA Zip Code 98467-1007 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WA CN 28 Occupation CONVENTION FUNDRAISER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7 Transaction ID: SA11A1.85215 Amount of Each Receipt this Period 80.00
B. Full Name (Last, First, Middle Initial) PHYLLIS NAIAD 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 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 470.34		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 3 / 2 0 0 7 Transaction ID: SA11A1.84353 Amount of Each Receipt this Period 470.34
C. Full Name (Last, First, Middle Initial) PHYLLIS NAIAD 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 STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 522.60		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 2 / 2 0 0 7 Transaction ID: SA11A1.85216 Amount of Each Receipt this Period 52.26

SUBTOTAL of Receipts This Page (optional)

602.60

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 13 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial)

JOHN H. THOMPSON

Mailing Address 110 EAST MEYER

City State Zip Code
 NEW CASTLE PA 16105

FEC ID number of contributing federal political committee.

C

Name of Employer
NESHANNOCK TOWNSHIP SUPERVISORSOccupation
FOREMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 1 2 / 2 0 0 7

Transaction ID: SA11A1.85748

Amount of Each Receipt this Period

312.00

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

ELIZABETH TURNBOW

Mailing Address 4443 Libby N.E.

City State Zip Code
 Olympia WA 98506

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WA CN 28Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.85219

Amount of Each Receipt this Period

40.00

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

BRENDA WILLIAMS

Mailing Address 444 NE Ravenna Blvd.
STE. 108

City State Zip Code
 Seattle WA 98115

FEC ID number of contributing federal political committee.

C

Name of Employer
AFSCME WA CN 28Occupation
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 1 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.85220

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

382.00

TOTAL This Period (last page this line number only)

5467.68

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

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

FOR LINE NUMBER: PAGE 14 / 34

(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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY

Mailing Address PO BOX 2882
CHURCH STREET STATION

City State Zip Code
NEW YORK NY 10008

FEC ID number of contributing
federal political committee.

C C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

79535.48

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 9 / 2 0 0 7

Transaction ID: SA12.85497

Amount of Each Receipt this Period

79535.48

SUBTOTAL of Receipts This Page (optional)

79535.48

TOTAL This Period (last page this line number only)

79535.48

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

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

FOR LINE NUMBER:
(check only one)

PAGE 15 / 34

☐ 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, QUALIFI-
ED

A.

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1224.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: SA15.84878

Amount of Each Receipt this Period

1224.00

Refund/Media Ads

B.

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1861.50

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 2 / 2 0 0 7

Transaction ID: SA15.84879

Amount of Each Receipt this Period

637.50

Refund/Media Ads

C.

Full Name (Last, First, Middle Initial)

THE CAMPAIGN GROUP

Mailing Address 1600 Locust Street

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1921.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 1 8 / 2 0 0 7

Transaction ID: SA15.85061

Amount of Each Receipt this Period

59.50

Refund/Media Ads

SUBTOTAL of Receipts This Page (optional)

1921.00

TOTAL This Period (last page this line number only)

1921.00

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

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

FOR LINE NUMBER: PAGE 16 / 34

(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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial)
AMALGAMATED BANK

Mailing Address 15 Union Square

City State Zip Code
New York NY 10003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.48

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 3 1 / 2 0 0 7

Transaction ID: SA17.85575

Amount of Each Receipt this Period

312.48

Interest Income 1/31/07

SUBTOTAL of Receipts This Page (optional)

312.48

TOTAL This Period (last page this line number only)

312.48

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 / 34

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK

Mailing Address 15 Union Square

City New York State NY Zip Code 10003

Purpose of Disbursement

Interest Payment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.85082

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

17760.42

Full Name (Last, First, Middle Initial)

B. AMALGAMATED BANK

Mailing Address 15 Union Square

City New York State NY Zip Code 10003

Purpose of Disbursement

Interest Payment

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.85578

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

17760.41

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement

Service Charge 1/23/07

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.85457

Date of Disbursement

01 / 23 / 2007

Amount of Each Disbursement this Period

5.91

SUBTOTAL of Disbursements This Page (optional)

35526.74

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 34

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BART GROUP

Mailing Address 171 Main Street

City
Port Washington

State
NY

Zip Code
11050

Purpose of Disbursement

Service Charge 1/4/07

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.83909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	7	

Amount of Each Disbursement this Period

92.50

SUBTOTAL of Disbursements This Page (optional)

92.50

TOTAL This Period (last page this line number only)

35619.24

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 / 34

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AFSCME PEOPLE- Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

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

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.84501

Date of Disbursement

01 / 10 / 2007

Amount of Each Disbursement this Period

3000.00

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

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB22.84720

Date of Disbursement

01 / 11 / 2007

Amount of Each Disbursement this Period

25800.00

SUBTOTAL of Disbursements This Page (optional)

28800.00

TOTAL This Period (last page this line number only)

28800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 34

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CARNEY FOR CONGRESS

Mailing Address P.O. BOX A

City
Clarks Summit

State
PA

Zip Code
18411

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.84502

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR ALTMIRE

Mailing Address P. O. BOX 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: SB23.84503

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COMMITTEE TO ELECT MCHUGH

Mailing Address P. O. BOX 6161

City
Watertown

State
NY

Zip Code
13601

Purpose of Disbursement
Contribution

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Transaction ID: SB23.85070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CUMMINGS FOR CONGRESS

Mailing Address 2901 Druid Park Drive
Suite 203

City Baltimore State MD Zip Code 21215

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 07

Transaction ID: SB23.85071

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

Mailing Address 430 SOUTH CAPITOL STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Contribution-PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.84244

Date of Disbursement

01 / 05 / 2007

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC FRESHMEN PAC

Mailing Address 236 Massachusetts Ave. NE,
#508

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution-PAC

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.85266

Date of Disbursement

01 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 22 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DICK DURBIN COMMITTEE

Mailing Address P. O. BOX 1949

City
SpringfieldState
ILZip Code
62705Purpose of Disbursement
Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2009
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.85072

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOE BACA

Mailing Address 555 Capitol Mall Suite 1425

City
SacramentoState
CAZip Code
95814-0000Purpose of Disbursement
Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

Transaction ID: SB23.85073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARROW

Mailing Address P. O. BOX 8166

City
SavannahState
GAZip Code
31412Purpose of Disbursement
Contribution

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: SB23.85074

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SENATOR CARL LEVIN

Mailing Address 10 G St., NE,
Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MI District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.85075

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HERSETH FOR CONGRESS

Mailing Address P.O. Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: SD District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.85076

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN SALAZAR FOR CONGRESS

Mailing Address 307 N. Santa Fe

City Pueblo State CO Zip Code 81003

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 03

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.85077

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MARK PRYOR FOR US SENATE

Mailing Address P. O. BOX 2720

City
LITTLE ROCK

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: SB23.85078

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon Street

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: SB23.85079

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PATRICK MURPHY FOR CONGRESS

Mailing Address P. O. BOX 868

City
Levittown

State
PA

Zip Code
19058-0868

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: SB23.84504

Date of Disbursement

01 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SESTAK FOR CONGRESS

Mailing Address P. O. BOX 16

City State Zip Code
Media PA 19063

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: PA District: 07

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.84505

Date of Disbursement

01 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TIM JOHNSON FOR SOUTH DAKOTA

Mailing Address P. O. BOX 1859

City State Zip Code
Sioux Falls SD 57101

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: SD District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.85080

Date of Disbursement

01 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

35000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 34

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK

Mailing Address 15 Union Square

City
New York

State
NY

Zip Code
10003

Purpose of Disbursement
Principal Payment 1/31/07

Candidate Name

009
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB26.85576

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	0	7

Amount of Each Disbursement this Period

208333.33

SUBTOTAL of Disbursements This Page (optional)

208333.33

TOTAL This Period (last page this line number only)

208333.33

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 34

<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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. VALENTINE CONDON

Mailing Address 13 Helen Ave.

City
Wappingers Falls

State
NY

Zip Code
12590

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.85056

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. VINCENT DESTEFANO

Mailing Address 213 Columbus Pkwy

City
Mineola

State
NY

Zip Code
11501

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.85046

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. NORMA ELDER

Mailing Address 83-35 139th St.,
#5F

City
Jamaica

State
NY

Zip Code
11435

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB28A.85058

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

20.00

SUBTOTAL of Disbursements This Page (optional)

85.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 34

<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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. AUDREY FARLEY

Mailing Address 804 Wharton Hollow Rd.

City Sumnit State NY Zip Code 12175

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85054

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

B. DORIS FREDIANI

Mailing Address 212 Bennington Rd.

City Amherst State NY Zip Code 14226

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85037

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. VINCENZO GALLO

Mailing Address 155 Greenwich St.,
Apt. E4-10

City Hempstead State NY Zip Code 11550

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85035

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

30.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 34

<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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. PATRICIA GOODEN

Mailing Address 52 Charmwood Rd.

City Pittsford State NY Zip Code 14534

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85031

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. MARY HARRIS

Mailing Address 119-50 177th St.

City Jamaica State NY Zip Code 11434

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85044

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. DORIS KIMMEL

Mailing Address 225 Poplar Ct.

City Wantagh State NY Zip Code 11793

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85052

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

1.00

SUBTOTAL of Disbursements This Page (optional)

61.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 34

<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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. LINNUS LOOS

Mailing Address 75 Olmstead

City Depew State NY Zip Code 14043

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85258

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

15.40

Full Name (Last, First, Middle Initial)

B. ROBERT MCGINTY

Mailing Address 5251 S Nine Mile Rd.

City Allegany State NY Zip Code 14706

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85039

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

C. ANTHONY MUSCATIELLO

Mailing Address 121 Saratoga Ave.

City Waterford State NY Zip Code 12188

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85042

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

5.00

SUBTOTAL of Disbursements This Page (optional)

30.40

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 34

<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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. THOMAS PETRILLA

Mailing Address 2374 North Rd., NE

City Warren State OH Zip Code 44483

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85514

Date of Disbursement

01 / 31 / 2007

Amount of Each Disbursement this Period

400.00

Full Name (Last, First, Middle Initial)

B. MARK D. REINHARD

Mailing Address 1529 Farm To Market Rd.

City Endwell State NY Zip Code 13760

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85264

Date of Disbursement

01 / 24 / 2007

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

C. MARGARET SMALL

Mailing Address 260-49 75th Ave.

City Glen Oaks State NY Zip Code 11004

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85048

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

414.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 34

<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, QUALIFI-
ED

A. CHERYL TOBIN

Full Name (Last, First, Middle Initial)

Mailing Address 137 Aldrich Pl.

City Buffalo State NY Zip Code 14220

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85050

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

50.00

B. CAROL UHLIG

Full Name (Last, First, Middle Initial)

Mailing Address 84 Clinton St.

City Oneonta State NY Zip Code 13820

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.85033

Date of Disbursement

01 / 18 / 2007

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) ►

60.00

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

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 EMPLOYEES - P E O P L E, QUALIFI-
ED

Transaction ID: SC/10.80771

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

AMALGAMATED BANK

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 15 Union Square

City New York

State NY

ZIP Code

10003

Original Amount of Loan

2000000.00

Cumulative Payment To Date

208333.33

Balance Outstanding at Close of This Period

1791666.67

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
1 9Y Y Y Y
2 0 0 6

12/31/2007

8.25000%(apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

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 Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 34 / 34

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

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

Transaction ID: SC/10.80997

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

AMALGAMATED BANK

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 15 Union Square

City New York

State NY

ZIP Code 10003

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M
1 0D D
2 5Y Y Y Y
2 0 0 6

12/31/2007

8.25000%(apr)

☒ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional) ▶

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 appropriate line of Summary.