

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer WILLIAM LUCY Signature of Treasurer Electronically Filed by WILLIAM LUCY Date 04 16 2009

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		1118978.37
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	1074758.32									
(c) Total Receipts (from Line 19)	579842.84	1698949.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1654601.16	2817928.15								
7. Total Disbursements (from Line 31)	729355.06	1892682.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	925246.10	925246.10								
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)	3764992.72									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	26073.11	38209.26
(i) Itemized (use Schedule A)		
(ii) Unitemized	553378.24	1586006.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)	579451.35	1624215.43
(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)	579451.35	1624215.43
12. Transfers From Affiliated/Other Party Committees	0.00	68848.24
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	4704.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	391.49	1182.11
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))	579842.84	1698949.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	579842.84	1698949.78

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13988.86	55909.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	13988.86	55909.99
22. Transfers to Affiliated/Other Party Committees.....	37000.00	241000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	159500.00	254000.00
24. Independent Expenditure (use Schedule E)	106419.67	106419.67
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	412382.12	1235007.28
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	64.41	345.11
(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))	64.41	345.11
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))..	729355.06	1892682.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	729355.06	1892682.05

DETAILED SUMMARY PAGE
of Disbursements

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	579451.35	1624215.43
34. Total Contribution Refunds (from Line 28(d))	64.41	345.11
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	579386.94	1623870.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13988.86	55909.99
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	4704.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13988.86	51205.99

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) RICHARD ABELSON	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 4315 N. Lake Drive	Transaction ID: SA11AI.125681
	City State Zip Code Shorewood WI 53211	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME WI CN 48 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

B.	Full Name (Last, First, Middle Initial) TRACEY ABMAN	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 3136 N. Seminary Avenue	Transaction ID: SA11AI.125913
	City State Zip Code Chicago IL 60657-3309	Amount of Each Receipt this Period 82.68
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 DIRECTOR OF ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.64	

C.	Full Name (Last, First, Middle Initial) ADAM ACOSTA	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 66 La Perla	Transaction ID: SA11AI.125810
	City State Zip Code Foothill Ranch CA 92610	Amount of Each Receipt this Period 67.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA CN 36 POLITICAL ACTION REPRESENTATIVE III	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.28	

SUBTOTAL of Receipts This Page (optional)	▶	234.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) SHANA ADLERTON		Date of Receipt
	Mailing Address 710 Chippewa Square		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Marquette	MI	48955
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125458
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 84.12
		<input type="text"/> 246.16	

B.	Full Name (Last, First, Middle Initial) JAMES L. ADMIRE		Date of Receipt
	Mailing Address 298 E. Poplar Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Danville	IN	46122
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125269
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 34.19
		<input type="text"/> 205.14	

C.	Full Name (Last, First, Middle Initial) KENNETH L. ALLEN		Date of Receipt
	Mailing Address 7935 SW Santolina Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2009
	City	State	Zip Code
	Beaverton	OR	97008-6272
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126017
Name of Employer AFSCME OR CN 75		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 109.00
		<input type="text"/> 395.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 227.31
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KENNETH L. ALLEN		Date of Receipt
	Mailing Address 7935 SW Santolina Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Beaverton	OR	97008-6272
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME OR CN 75		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 14.00
		<input type="text"/> 409.00	

B.	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt
	Mailing Address 303 Dias Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, EDUCATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 49.49
		<input type="text"/> 287.45	

C.	Full Name (Last, First, Middle Initial) CAROL A ANDERSON		Date of Receipt
	Mailing Address 303 Dias Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Fort Washington	MD	20744
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, EDUCATION	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 49.49
		<input type="text"/> 336.94	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 112.98
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
DAVID ANTLE

Mailing Address P.O. Box 1093

City State Zip Code
Moscow PA 18444

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.76**

Date of Receipt **03 / 11 / 2009**

Transaction ID: SA11AI.125566

Amount of Each Receipt this Period **106.92**

B.

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

Mailing Address 745 Irving Street, N.W.

City State Zip Code
Washington DC 20010

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **220.56**

Date of Receipt **03 / 31 / 2009**

Transaction ID: SA11AI.125272

Amount of Each Receipt this Period **36.76**

C.

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

Mailing Address P.O. Box 2825

City State Zip Code
Appleton WI 54912

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

Name of Employer Occupation
AFSCME WI CN 40 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 10 / 2009**

Transaction ID: SA11AI.126006

Amount of Each Receipt this Period **105.00**

SUBTOTAL of Receipts This Page (optional) ► **248.68**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 188
(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
							17

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

A.

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

Mailing Address 500 E Parish Street

City State Zip Code
Prair Du Chien WI 53821

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

Name of Employer Occupation
AFSCME WI CN 24/SOWI STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2009

Transaction ID: SA11AI.126008

Amount of Each Receipt this Period
40.00

B.

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

Mailing Address 500 E Parish Street

City State Zip Code
Prair Du Chien WI 53821

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

Name of Employer Occupation
AFSCME WI CN 24/SOWI STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2009

Transaction ID: SA11AI.126009

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City State Zip Code
Grosse Pointe Park MI 48230

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

Name of Employer Occupation
AFSCME INT'L ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.125132

Amount of Each Receipt this Period
48.17

SUBTOTAL of Receipts This Page (optional) ► **128.17**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MARY ANNE BARNETT		Date of Receipt
	Mailing Address 1155 Lakepointe		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Grosse Pointe Park	MI	48230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125274
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, ORGANIZING DVLPT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 285.67	48.17

B.	Full Name (Last, First, Middle Initial) MICHAEL D. BAUER		Date of Receipt
	Mailing Address 23 Valley Forge Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Elyria	OH	44035
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125691
Name of Employer AFSCME OH CN 8		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.28	84.76

C.	Full Name (Last, First, Middle Initial) PATRICIA BAUER		Date of Receipt
	Mailing Address 4031 Executive Park Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2009
	City	State	Zip Code
	Harrisburg	PA	17111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125567
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.58	76.24

SUBTOTAL of Receipts This Page (optional)	▶	209.17
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) HENRY BAYER	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 1507 W. Chase Street	Transaction ID: SA11AI.125915
	City State Zip Code Chicago IL 60626-2125	Amount of Each Receipt this Period 113.90
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IL CN 31 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 394.38	

B.	Full Name (Last, First, Middle Initial) HENRY BAYER	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1507 W. Chase Street	Transaction ID: SA11AI.125099
	City State Zip Code Chicago IL 60626-2125	Amount of Each Receipt this Period 28.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IL CN 31 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 422.38	

C.	Full Name (Last, First, Middle Initial) KENT BEAUCHAMP	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 2309 Mariners Point Lane	Transaction ID: SA11AI.125916
	City State Zip Code Springfield IL 62712	Amount of Each Receipt this Period 78.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 234.28	

SUBTOTAL of Receipts This Page (optional)	220.76
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MICHAEL BEGATTO	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 301 Hedgerow Lane	Transaction ID: SA11AI.125999
	City State Zip Code Wilmington DE 19807	Amount of Each Receipt this Period 88.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME DE CN 81 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 274.58	

B.	Full Name (Last, First, Middle Initial) JOSEPH BELLA	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 501 W George Street	Transaction ID: SA11AI.125917
	City State Zip Code Arlington Heights IL 60005	Amount of Each Receipt this Period 78.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.28	

C.	Full Name (Last, First, Middle Initial) CHARLES BENN	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 141 Eddington Avenue	Transaction ID: SA11AI.125568
	City State Zip Code Harrisburg PA 17111-3520	Amount of Each Receipt this Period 90.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.66	

SUBTOTAL of Receipts This Page (optional)	258.40
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.125134		
	City Orlando	State FL	Zip Code 32812	Amount of Each Receipt this Period 92.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.30			

B.	Full Name (Last, First, Middle Initial) PAULA BENTLEY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 3701 Oakview Drive		Transaction ID: SA11AI.125276		
	City Orlando	State FL	Zip Code 32812	Amount of Each Receipt this Period 92.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 552.36			

C.	Full Name (Last, First, Middle Initial) DAVID BIELSKI		Date of Receipt MM / DD / YYYY 03 / 11 / 2009		
	Mailing Address 4499 Battleridge Rd.		Transaction ID: SA11AI.125569		
	City McDonald	State PA	Zip Code 15057-3507	Amount of Each Receipt this Period 106.92	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.76			

SUBTOTAL of Receipts This Page (optional)	▶	291.04
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 29 N. Wacker Drive

City State Zip Code
Chicago IL 60606

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

Name of Employer Occupation
AFSCME IL CN 31 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
234.28

Date of Receipt
MM / DD / YYYY
03 / 03 / 2009

Transaction ID: SA11AI.125918

Amount of Each Receipt this Period
78.86

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

Mailing Address P.O. Box 304

City State Zip Code
Highspire PA 17034-1409

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

Name of Employer Occupation
AFSCME PA CN 13 EXECUTIVE ASSISTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
309.60

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.125570

Amount of Each Receipt this Period
103.20

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

Mailing Address 4303 Vermont Court

City State Zip Code
Harrisburg PA 17112-9512

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

Name of Employer Occupation
AFSCME PA CN 13 UNION REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
309.60

Date of Receipt
MM / DD / YYYY
03 / 11 / 2009

Transaction ID: SA11AI.125572

Amount of Each Receipt this Period
103.20

SUBTOTAL of Receipts This Page (optional) ► **285.26**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 188
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL W BOGGS

Mailing Address **3922 Latrobe Street**

City **Los Angeles** State **CA** Zip Code **90031**

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

Name of Employer **AFSCME CA CN 36** Occupation **RESEARCH ATTORNEY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 17 / 2009**
Transaction ID: SA11AI.125747
 Amount of Each Receipt this Period **75.00**

B. Full Name (Last, First, Middle Initial)
PAUL R. BOOTH

Mailing Address **3724 Benton Street NW**

City **Washington** State **DC** Zip Code **20007-1803**

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

Name of Employer **AFSCME INT'L** Occupation **EXECUTIVE ASST. TO PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **898.70**

Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125136
 Amount of Each Receipt this Period **179.74**

C. Full Name (Last, First, Middle Initial)
PAUL R. BOOTH

Mailing Address **3724 Benton Street NW**

City **Washington** State **DC** Zip Code **20007-1803**

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

Name of Employer **AFSCME INT'L** Occupation **EXECUTIVE ASST. TO PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1078.44**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125278
 Amount of Each Receipt this Period **179.74**

SUBTOTAL of Receipts This Page (optional) ► **434.48**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM BRENNER		Date of Receipt MM / DD / YYYY 03 / 11 / 2009	
	Mailing Address 3300 Old Trail Road		Transaction ID: SA11AI.125574	
	City	State	Zip Code	Amount of Each Receipt this Period
	York Haven	PA	17370	70.84
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.71		

B.	Full Name (Last, First, Middle Initial) DIANE B. BURKE		Date of Receipt MM / DD / YYYY 03 / 13 / 2009	
	Mailing Address 6626 Potomac Avenue, A1		Transaction ID: SA11AI.125139	
	City	State	Zip Code	Amount of Each Receipt this Period
	Alexandria	VA	22307	59.00
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, LEGISLATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 395.00		

C.	Full Name (Last, First, Middle Initial) DIANE B. BURKE		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
	Mailing Address 6626 Potomac Avenue, A1		Transaction ID: SA11AI.125281	
	City	State	Zip Code	Amount of Each Receipt this Period
	Alexandria	VA	22307	59.00
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, LEGISLATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 454.00		

SUBTOTAL of Receipts This Page (optional)	▶	188.84
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 188

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
AFSCME INT'L MANAGER, ART & GRAPHIC DESIGN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 234.40

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125140

Amount of Each Receipt this Period

46.88

B.

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
AFSCME INT'L MANAGER, ART & GRAPHIC DESIGN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 282.46

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125282

Amount of Each Receipt this Period

48.06

C.

Full Name (Last, First, Middle Initial)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
AFSCME INT'L STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 204.80

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125141

Amount of Each Receipt this Period

40.96

SUBTOTAL of Receipts This Page (optional)

135.90

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DOUGLAS R. BURNETT		Date of Receipt																					
	Mailing Address 1625 L. Street, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	9														
	City State Zip Code Washington DC 20036		Transaction ID: SA11AI.125283																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 245.76		40.96																						

B.	Full Name (Last, First, Middle Initial) PAULA J. CAIRA		Date of Receipt																					
	Mailing Address 17 Fourteenth Street SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	3		2	0	0	9														
	City State Zip Code Washington DC 20003		Transaction ID: SA11AI.125142																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 271.55		54.31																						

C.	Full Name (Last, First, Middle Initial) PAULA J. CAIRA		Date of Receipt																					
	Mailing Address 17 Fourteenth Street SE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		3	1		2	0	0	9														
	City State Zip Code Washington DC 20003		Transaction ID: SA11AI.125284																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME INT'L Occupation: ASSOCIATE GENERAL COUNSEL I Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.86		54.31																						

SUBTOTAL of Receipts This Page (optional)	149.58
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN CAMERON	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 6555 N. Maplewood	Transaction ID: SA11AI.125925
	City State Zip Code Chicago IL 60645	Amount of Each Receipt this Period 74.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 DIRECTOR POL./COM. RELATIONS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.68	

B.	Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 9013 Advantage Ct.	Transaction ID: SA11AI.125143
	City State Zip Code Burke VA 22003	Amount of Each Receipt this Period 98.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.90	

C.	Full Name (Last, First, Middle Initial) LINDA CANAN-STEPHENS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 9013 Advantage Ct.	Transaction ID: SA11AI.125285
	City State Zip Code Burke VA 22003	Amount of Each Receipt this Period 98.98
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 593.88	

SUBTOTAL of Receipts This Page (optional)	272.58
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RICHARD CAPONI		Date of Receipt
	Mailing Address 4453 Stilley Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 11 / 2009
	City	State	Zip Code
	Pittsburgh	PA	15227
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125577
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.76	106.92

B.	Full Name (Last, First, Middle Initial) MARCOS CARDENAS		Date of Receipt
	Mailing Address 6927 Amherst Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	San Diego	CA	92109
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125814
Name of Employer AFSCME CA CN 36		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 226.56	56.64

C.	Full Name (Last, First, Middle Initial) JOYCE CARLSON		Date of Receipt
	Mailing Address 911 Aldine Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Saint Paul	MN	55104
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126117
Name of Employer AFSCME MN CN 5/CN14		Occupation BUSINESS REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.98	30.00

SUBTOTAL of Receipts This Page (optional)	193.56
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 188
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LEROY CARTER		Date of Receipt
	Mailing Address 2648 Towner Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Ann Arbor	MI	48105
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.125464
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 211.79	<input type="text"/> 68.91

B.	Full Name (Last, First, Middle Initial) ANTHONY CASO		Date of Receipt
	Mailing Address 9 Garden Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Boston	MA	02113-0000
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.126080
Name of Employer AFSCME MA CN 93		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 383.64	<input type="text"/> 100.10

C.	Full Name (Last, First, Middle Initial) ANTHONY CASO		Date of Receipt
	Mailing Address 9 Garden Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Boston	MA	02113-0000
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.125100
Name of Employer AFSCME MA CN 93		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 425.31	<input type="text"/> 41.67

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 210.68
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 23 / 188
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ANTHONY CASO		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 9 Garden Court		Transaction ID: SA11AI.126098		
	City Boston	State MA	Zip Code 02113-0000	Amount of Each Receipt this Period 100.10	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer AFSCME MA CN 93		Occupation EXECUTIVE DIRECTOR			
		Aggregate Year-to-Date ▼ 525.41			

B.	Full Name (Last, First, Middle Initial) KARL E. CHILDRESS		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 1605 E Street SE		Transaction ID: SA11AI.125287		
	City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 42.08	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE			
		Aggregate Year-to-Date ▼ 210.40			

C.	Full Name (Last, First, Middle Initial) JUDY K CHOW		Date of Receipt MM / DD / YYYY 03 / 17 / 2009		
	Mailing Address 888 Mililani Street Suite 601		Transaction ID: SA11AI.125764		
	City Honolulu	State HI	Zip Code 96813-2991	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer AFSCME HI LOC 152		Occupation STAFF REPRESENTATIVE			
		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)	▶	242.18
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 188		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LINCOLN COHEN		Date of Receipt MM / DD / YYYY 03 / 03 / 2009		
	Mailing Address 4500 E. 6th Street		Transaction ID: SA11AI.125927		
	City Gary	State IN	Zip Code 46403	Amount of Each Receipt this Period 69.14	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IL CN 31	Occupation EDITOR	Aggregate Year-to-Date 205.40		

B.	Full Name (Last, First, Middle Initial) TRACEY CONATY		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 1789 Lanier Place NW #42		Transaction ID: SA11AI.125147		
	City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 46.88	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS	Aggregate Year-to-Date 234.40		

C.	Full Name (Last, First, Middle Initial) TRACEY CONATY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 1789 Lanier Place NW #42		Transaction ID: SA11AI.125289		
	City Washington	State DC	Zip Code 20009	Amount of Each Receipt this Period 46.88	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, PUBLIC AFFAIRS	Aggregate Year-to-Date 281.28		

SUBTOTAL of Receipts This Page (optional)	▶	162.90
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 25 / 188

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
ROBERT COOPER

Mailing Address 931 South Walnut Street

City State Zip Code
West Chester PA 19382

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 320.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.125579

Amount of Each Receipt this Period
106.92

B.

Full Name (Last, First, Middle Initial)
BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
AFSCME INT'L LEGISLATIVE AFFAIRS SPECIALIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 228.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.125149

Amount of Each Receipt this Period
45.63

C.

Full Name (Last, First, Middle Initial)
BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
AFSCME INT'L LEGISLATIVE AFFAIRS SPECIALIST

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 274.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.125291

Amount of Each Receipt this Period
46.57

SUBTOTAL of Receipts This Page (optional)

199.12

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) KATHERINE M. COX		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 2542B S. Walter Reed Drive		Transaction ID: SA11AI.125150
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.42
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.10	

B.

Full Name (Last, First, Middle Initial) KATHERINE M. COX		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 2542B S. Walter Reed Drive		Transaction ID: SA11AI.125292
City Arlington	State VA	Zip Code 22206
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.42
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.52	

C.

Full Name (Last, First, Middle Initial) DANNY CRAIG		Date of Receipt MM / DD / YYYY 03 / 24 / 2009
Mailing Address 18945 Littlefield		Transaction ID: SA11AI.125466
City Detroit	State MI	Zip Code 48235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 76.54
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.42	

SUBTOTAL of Receipts This Page (optional)	▶	165.38
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) JAMES B. CULLEN		Date of Receipt	
	Mailing Address 1111 Morningside Avenue		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125151
	Schenectady	NY	12308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.61	
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 233.05		

B.	Full Name (Last, First, Middle Initial) JAMES B. CULLEN		Date of Receipt	
	Mailing Address 1111 Morningside Avenue		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125293
	Schenectady	NY	12308	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.61	
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.66		

C.	Full Name (Last, First, Middle Initial) WILLIAM DANDO		Date of Receipt	
	Mailing Address 6630 Huntingdon Street		M M / D D / Y Y Y Y Y 03 / 11 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125581
	Harrisburg	PA	17111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		76.24	
Name of Employer AFSCME PA CN 13		Occupation ASSOCIATE LEGISLATIVE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.72		

SUBTOTAL of Receipts This Page (optional)	163.46
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERT A. DAVIS		Date of Receipt
	Mailing Address 822 Bovee Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Powell	OH	43065
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125704
Name of Employer AFSCME OH CN 8		Occupation ASSOCIATE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.28	84.76

B.	Full Name (Last, First, Middle Initial) EDGAR DEJESUS		Date of Receipt
	Mailing Address 8 Ralph Street, First Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Bergenfield	NJ	07621-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125153
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.15	46.03

C.	Full Name (Last, First, Middle Initial) EDGAR DEJESUS		Date of Receipt
	Mailing Address 8 Ralph Street, First Floor		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Bergenfield	NJ	07621-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125295
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 276.18	46.03

SUBTOTAL of Receipts This Page (optional)	176.82
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JOHN C. DEMPSEY	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 20235 Watermark Place	Transaction ID: SA11AI.125154
	City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 89.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.35	

B.	Full Name (Last, First, Middle Initial) JOHN C. DEMPSEY	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 20235 Watermark Place	Transaction ID: SA11AI.125296
	City State Zip Code Sterling VA 20165	Amount of Each Receipt this Period 89.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 539.22	

C.	Full Name (Last, First, Middle Initial) CONSTANCE DERR	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address P.O. Box 116	Transaction ID: SA11AI.125155
	City State Zip Code Maspeth NY 11378	Amount of Each Receipt this Period 49.49
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.45	

SUBTOTAL of Receipts This Page (optional)	▶	229.23
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CONSTANCE DERR		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address P.O. Box 116		Transaction ID: SA11AI.125297		
	City Maspeth	State NY	Zip Code 11378	Amount of Each Receipt this Period 49.49	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation REGIONAL DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.94			

B.	Full Name (Last, First, Middle Initial) GREG DEVEREUX		Date of Receipt MM / DD / YYYY 03 / 19 / 2009		
	Mailing Address 3561 S.E. Kamilehe Point Road		Transaction ID: SA11AI.126010		
	City Shelton	State WA	Zip Code 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 ▼ 328.00			

C.	Full Name (Last, First, Middle Initial) GREG DEVEREUX		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 3561 S.E. Kamilehe Point Road		Transaction ID: SA11AI.125101		
	City Shelton	State WA	Zip Code 98584	Amount of Each Receipt this Period 14.00	
	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 ▼ 342.00			

SUBTOTAL of Receipts This Page (optional)	▶	163.49
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JEAN M. DIEDERICH	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 4741 Grand Ave. So. No. 3	Transaction ID: SA11AI.126022
	City State Zip Code Minneapolis MN 55419-5443	Amount of Each Receipt this Period 468.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation PRINCIPAL CHILD SUPPORT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 792.00	

B.	Full Name (Last, First, Middle Initial) JEAN M. DIEDERICH	Date of Receipt MM / DD / YYYY 03 / 16 / 2009
	Mailing Address 4741 Grand Ave. So. No. 3	Transaction ID: SA11AI.126023
	City State Zip Code Minneapolis MN 55419-5443	Amount of Each Receipt this Period 54.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation PRINCIPAL CHILD SUPPORT OFFICER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 846.00	

C.	Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO	Date of Receipt MM / DD / YYYY 03 / 24 / 2009
	Mailing Address 1015 Washington Street	Transaction ID: SA11AI.125469
	City State Zip Code Brighton MI 48116	Amount of Each Receipt this Period 76.54
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 219.42	

SUBTOTAL of Receipts This Page (optional)	598.54
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 188
(check only one)

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

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

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

Mailing Address 316 Quittie Park Dr.

City State Zip Code
Annville PA 17003

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

Name of Employer Occupation
AFSCME PA CN 13 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 209.48

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 11 / 2009

Transaction ID: SA11AI.125584

Amount of Each Receipt this Period
70.84

B. Full Name (Last, First, Middle Initial)
THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City State Zip Code
Reynoldsburg OH 43068-6803

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

Name of Employer Occupation
AFSCME OH LOC 4 STAFF ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.125521

Amount of Each Receipt this Period
40.00

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

Mailing Address 2895 Arrow Smith Drive

City State Zip Code
Reynoldsburg OH 43068

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

Name of Employer Occupation
AFSCME OH LOC 4 STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.125522

Amount of Each Receipt this Period
38.50

SUBTOTAL of Receipts This Page (optional) ► **149.34**

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

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

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

FOR LINE NUMBER: PAGE 33 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DENNIS EAGLE
 Mailing Address **5007 26th Ave., SE**
 City **Lacey** State **WA** Zip Code **98503**
 Date of Receipt **03 / 19 / 2009**
Transaction ID: SA11AI.126012
 Amount of Each Receipt this Period **80.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME WA CN 28** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **240.00**

B. Full Name (Last, First, Middle Initial)
THOMAS EDSTROM
 Mailing Address **4106 N. Sacramento**
 City **Chicago** State **IL** Zip Code **60618**
 Date of Receipt **03 / 03 / 2009**
Transaction ID: SA11AI.125934
 Amount of Each Receipt this Period **74.70**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31** Occupation **LEGAL COUNSEL**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **221.92**

C. Full Name (Last, First, Middle Initial)
STEPHAN FANTAUZZO
 Mailing Address **3840 N. Delaware Street**
 City **Indianapolis** State **IN** Zip Code **46205**
 Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125156
 Amount of Each Receipt this Period **59.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **REGIONAL DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **295.00**

SUBTOTAL of Receipts This Page (optional) ► **213.70**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEPHAN FANTAUZZO	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 3840 N. Delaware Street	Transaction ID: SA11AI.125298
	City Indianapolis State IN Zip Code 46205	Amount of Each Receipt this Period 59.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 354.00	

B.	Full Name (Last, First, Middle Initial) RICHARD M. FELLER	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 4705 Butterworth Place, NW	Transaction ID: SA11AI.125157
	City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 53.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 268.35	

C.	Full Name (Last, First, Middle Initial) RICHARD M. FELLER	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4705 Butterworth Place, NW	Transaction ID: SA11AI.125299
	City Washington State DC Zip Code 20016	Amount of Each Receipt this Period 53.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 322.02	

SUBTOTAL of Receipts This Page (optional)	166.34
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 35 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
AFSCME INT'L MANAGER, PENSION INVESTMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 247.45

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125158

Amount of Each Receipt this Period
49.49

B. Full Name (Last, First, Middle Initial)
RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City State Zip Code
Arlington VA 22213

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

Name of Employer Occupation
AFSCME INT'L MANAGER, PENSION INVESTMENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 296.94

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125300

Amount of Each Receipt this Period
49.49

C. Full Name (Last, First, Middle Initial)
JOHN J. FILAK, Jr.

Mailing Address 6160 Clingan Road

City State Zip Code
Poland OH 44514

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

Name of Employer Occupation
AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 254.28

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 04 / 2009

Transaction ID: SA11AI.125709

Amount of Each Receipt this Period
84.76

SUBTOTAL of Receipts This Page (optional) ► **183.74**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID FILLMAN	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 2520 Helen Street	Transaction ID: SA11AI.125588
	City State Zip Code Hatboro PA 19040	Amount of Each Receipt this Period 132.72
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 426.16	

B.	Full Name (Last, First, Middle Initial) DAVID FILLMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2520 Helen Street	Transaction ID: SA11AI.125103
	City State Zip Code Hatboro PA 19040	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13 Occupation EXECUTIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 440.16	

C.	Full Name (Last, First, Middle Initial) MICHAEL E. FOX	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 3818 Sheffield Lane	Transaction ID: SA11AI.125589
	City State Zip Code Harrisburg PA 17110-3044	Amount of Each Receipt this Period 106.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.76	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MICHAEL E. FOX		Date of Receipt
	Mailing Address 3818 Sheffield Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Harrisburg	PA	17110-3044
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125104
Name of Employer AFSCME PA CN 13		Occupation COUNCIL DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 530.76	<input type="text"/> 70.00

B.	Full Name (Last, First, Middle Initial) GARETH J. FRANK		Date of Receipt
	Mailing Address 2309 Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Cheverly	MD	20785
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125159
Name of Employer AFSCME INT'L		Occupation ASSOC DIRECTOR ORGANIZING & FIELD SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.35	<input type="text"/> 53.67

C.	Full Name (Last, First, Middle Initial) GARETH J. FRANK		Date of Receipt
	Mailing Address 2309 Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Cheverly	MD	20785
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125301
Name of Employer AFSCME INT'L		Occupation ASSOC DIRECTOR ORGANIZING & FIELD SVCS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.02	<input type="text"/> 53.67

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 177.34
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 38 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BRIAN FUITEN
 Mailing Address **445 Mayfair Drive**
 City **Lincoln** State **IL** Zip Code **62656**
 Date of Receipt **03 / 03 / 2009**
Transaction ID: SA11AI.125937
 Amount of Each Receipt this Period **72.10**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME IL CN 31** Occupation **DATA PROCESSING SPECIALIST**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **214.20**

B. Full Name (Last, First, Middle Initial)
AMY H. GALATIAN
 Mailing Address **10925 Southern Highlands Parkway**
 City **Las Vegas** State **NV** Zip Code **89141**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125303
 Amount of Each Receipt this Period **34.08**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **REGIONAL FIELD ADMINISTRATOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **204.48**

C. Full Name (Last, First, Middle Initial)
ALBERT GARRETT
 Mailing Address **600 West Lafayette**
 City **Detroit** State **MI** Zip Code **48226**
 Date of Receipt **03 / 04 / 2009**
Transaction ID: SA11AI.125428
 Amount of Each Receipt this Period **116.92**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MI CN 25** Occupation **PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **605.88**

SUBTOTAL of Receipts This Page (optional) ► **223.10**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 188
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt MM / DD / YYYY 03 / 24 / 2009
Mailing Address 600 West Lafayette		Transaction ID: SA11AI.125473
City Detroit	State MI	Zip Code 48226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 317.08
Name of Employer AFSCME MI CN 25	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 922.96	

B.

Full Name (Last, First, Middle Initial) ALBERT GARRETT		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 600 West Lafayette		Transaction ID: SA11AI.125105
City Detroit	State MI	Zip Code 48226
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer AFSCME MI CN 25	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.96	

C.

Full Name (Last, First, Middle Initial) RAGLAN GEORGE		Date of Receipt MM / DD / YYYY 03 / 10 / 2009
Mailing Address 75 Varick Street Suite #1404		Transaction ID: SA11AI.125751
City New York	State NY	Zip Code 10013-9902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 95.76
Name of Employer AFSCME NY CN 1707	Occupation EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 506.80	

SUBTOTAL of Receipts This Page (optional)	426.84
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RAGLAN GEORGE		Date of Receipt
	Mailing Address 75 Varick Street Suite #1404		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	New York	NY	10013-9902
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125106
Name of Employer AFSCME NY CN 1707		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.80	14.00

B.	Full Name (Last, First, Middle Initial) KAREN GILGOFF		Date of Receipt
	Mailing Address 3003 Van Ness Street, NW #W1023		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Washington	DC	20008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125163
Name of Employer AFSCME INT'L		Occupation ASST. DIRECTOR, RETIREES PROGRAM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 279.80	58.96

C.	Full Name (Last, First, Middle Initial) KAREN GILGOFF		Date of Receipt
	Mailing Address 3003 Van Ness Street, NW #W1023		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Washington	DC	20008
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125305
Name of Employer AFSCME INT'L		Occupation ASST. DIRECTOR, RETIREES PROGRAM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 338.76	58.96

SUBTOTAL of Receipts This Page (optional)	131.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City State Zip Code
Cambridge MA 02138-4646

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

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 218.05

Date of Receipt
MM / DD / YYYY
03 / 13 / 2009

Transaction ID: SA11AI.125165

Amount of Each Receipt this Period
43.61

B.

Full Name (Last, First, Middle Initial)
PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City State Zip Code
Cambridge MA 02138-4646

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

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 261.66

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: SA11AI.125307

Amount of Each Receipt this Period
43.61

C.

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

Mailing Address 900 Randolph Place

City State Zip Code
Union NJ 07083-0000

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

Name of Employer Occupation
AFSCME NJ CN 52 EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2009

Transaction ID: SA11AI.125125

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **187.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD GOLLIN
 Mailing Address **900 Randolph Place**
 City **Union** State **NJ** Zip Code **07083-0000**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125126
 Amount of Each Receipt this Period **10.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME NJ CN 52** Occupation **EXECUTIVE DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **230.00**

B. Full Name (Last, First, Middle Initial)
MARY M. GOULDING
 Mailing Address **2483 Hemlock Court**
 City **Green Bay** State **WI** Zip Code **54311**
 Date of Receipt **03 / 10 / 2009**
Transaction ID: SA11AI.126004
 Amount of Each Receipt this Period **60.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME WI CN 40** Occupation **SECRETARY**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **225.00**

C. Full Name (Last, First, Middle Initial)
STEPHEN M. GRAHAM
 Mailing Address **10105 Baltimore Avenue Apt. 3407**
 City **College Park** State **MD** Zip Code **20740**
 Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125167
 Amount of Each Receipt this Period **42.08**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **PROJECT MANAGER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **210.40**

SUBTOTAL of Receipts This Page (optional) ► **112.08**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEPHEN M. GRAHAM		Date of Receipt
	Mailing Address 10105 Baltimore Avenue Apt. 3407		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	College Park	MD	20740
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125309
Name of Employer AFSCME INT'L		Occupation PROJECT MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.48	42.08

B.	Full Name (Last, First, Middle Initial) R. SEAN GRAYSON		Date of Receipt
	Mailing Address 10201 Galena Pointe Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Galena	OH	43021
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125711
Name of Employer AFSCME OH CN 8		Occupation GENERAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 309.54	103.18

C.	Full Name (Last, First, Middle Initial) RONALD J. GREEN		Date of Receipt
	Mailing Address 16425 Bubbling View Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Cerritos	CA	90703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125748
Name of Employer AFSCME CA CN 36/Local 3634		Occupation TRANSIT SUPERVISOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	200.00

SUBTOTAL of Receipts This Page (optional)	345.26
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEVE GRETSUK		Date of Receipt
	Mailing Address 7803 Desiree Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	Alexandria	VA	22315
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.125168
		Amount of Each Receipt this Period	<input type="text"/> 77.23
Name of Employer AFSCME INT'L		Occupation DIRECTOR, INFORMATION SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 386.15

B.	Full Name (Last, First, Middle Initial) STEVE GRETSUK		Date of Receipt
	Mailing Address 7803 Desiree Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Alexandria	VA	22315
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.125310
		Amount of Each Receipt this Period	<input type="text"/> 77.23
Name of Employer AFSCME INT'L		Occupation DIRECTOR, INFORMATION SYSTEMS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 463.38

C.	Full Name (Last, First, Middle Initial) WILLIAM HARPER		Date of Receipt
	Mailing Address 5073 Rohns		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2009
	City	State	Zip Code
	Detroit	MI	48213
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.125477
		Amount of Each Receipt this Period	<input type="text"/> 84.77
Name of Employer AFSCME MI CN 25		Occupation STAFF SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 241.94

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 239.23
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LOUIS HARRIS	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 1516 172nd Street East	Transaction ID: SA11AI.125816
	City State Zip Code Spanaway WA 98387	Amount of Each Receipt this Period 65.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA CN 36 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 262.80	

B.	Full Name (Last, First, Middle Initial) STEPHANIE HARRISON	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 7824 Main Falls Creek	Transaction ID: SA11AI.125173
	City State Zip Code Catonsville MD 21228	Amount of Each Receipt this Period 81.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L EXECUTIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 407.85	

C.	Full Name (Last, First, Middle Initial) STEPHANIE HARRISON	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 7824 Main Falls Creek	Transaction ID: SA11AI.125315
	City State Zip Code Catonsville MD 21228	Amount of Each Receipt this Period 81.57
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L EXECUTIVE ASSISTANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 489.42	

SUBTOTAL of Receipts This Page (optional)	228.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MICHAEL D. HATCHER		Date of Receipt	
	Mailing Address P. O. Box 231		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125317
	Monticello	KY	42633	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		37.08	
Name of Employer AFSCME INT'L		Occupation LEAD ORGANIZER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.48		

B.	Full Name (Last, First, Middle Initial) JIMMIE HEARNS		Date of Receipt	
	Mailing Address 18509 Mendota		M M / D D / Y Y Y Y Y 03 / 24 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125479
	Detroit	MI	48221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		94.54	
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.65		

C.	Full Name (Last, First, Middle Initial) PHILIP W. HELMS		Date of Receipt	
	Mailing Address 4108 Menton		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125435
	Flint	MI	48507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		53.89	
Name of Employer AFSCME MI CN 25		Occupation EDITOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 266.42		

SUBTOTAL of Receipts This Page (optional)	185.51
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PHILIP W. HELMS		Date of Receipt
	Mailing Address 4108 Menton		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Flint	MI	48507
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125480
Name of Employer AFSCME MI CN 25		Occupation EDITOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 409.81	143.39

B.	Full Name (Last, First, Middle Initial) SIDNEY L. HELSETH		Date of Receipt
	Mailing Address 6554 Craig Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Inver Grove Hghts.	MN	55076-1700
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126038
Name of Employer AFSCME MN CN 5/CN14		Occupation BUSINESS REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.48	68.88

C.	Full Name (Last, First, Middle Initial) RICK HENSON		Date of Receipt
	Mailing Address 317 South F Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 05 / 2009
	City	State	Zip Code
	Springfield	OR	97477
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126019
Name of Employer AFSCME OR CN 75		Occupation COUNCIL REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00	85.00

SUBTOTAL of Receipts This Page (optional)	297.27
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) ELIZABETH C. HO		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1511 Kalaniewai Street		Transaction ID: SA11AI.125178
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.61
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.05	

B.

Full Name (Last, First, Middle Initial) ELIZABETH C. HO		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1511 Kalaniewai Street		Transaction ID: SA11AI.125320
City Honolulu	State HI	Zip Code 96821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.61
Name of Employer AFSCME INT'L	Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 261.66	

C.

Full Name (Last, First, Middle Initial) DANNY J. HOMAN		Date of Receipt MM / DD / YYYY 03 / 10 / 2009
Mailing Address 4320 NW Second Avenue		Transaction ID: SA11AI.126000
City Des Moines	State IA	Zip Code 50313
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00
Name of Employer AFSCME IA'CN 61	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 324.00	

SUBTOTAL of Receipts This Page (optional)	167.22
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DANNY J. HOMAN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4320 NW Second Avenue	Transaction ID: SA11AI.125109
	City State Zip Code Des Moines IA 50313	Amount of Each Receipt this Period 42.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IA CN 61 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	

B.	Full Name (Last, First, Middle Initial) CARLA INSINGA-MINSER	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 4287 South Carolina Drive	Transaction ID: SA11AI.125603
	City State Zip Code Blue Ridge PA 17112	Amount of Each Receipt this Period 90.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.66	

C.	Full Name (Last, First, Middle Initial) ANNE IRVING	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 5243 N. Lind Avenue	Transaction ID: SA11AI.125944
	City State Zip Code Chicago IL 60630	Amount of Each Receipt this Period 69.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 DIRECTOR OF PUBLIC POLICY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.40	

SUBTOTAL of Receipts This Page (optional)	201.88
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM ISLER		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 7708 Quest Lane		Transaction ID: SA11AI.125322		
	City Bowie	State MD	Zip Code 20720	Amount of Each Receipt this Period 38.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASST DIRECTOR, GENERAL SERVICES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 227.94			

B.	Full Name (Last, First, Middle Initial) EDWIN S. JAYNE		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 3304 Alabama Avenue		Transaction ID: SA11AI.125181		
	City Alexandria	State VA	Zip Code 22305	Amount of Each Receipt this Period 53.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, LEGISLATION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.35			

C.	Full Name (Last, First, Middle Initial) EDWIN S. JAYNE		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 3304 Alabama Avenue		Transaction ID: SA11AI.125323		
	City Alexandria	State VA	Zip Code 22305	Amount of Each Receipt this Period 53.67	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation ASSOCIATE DIRECTOR, LEGISLATION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.02			

SUBTOTAL of Receipts This Page (optional)	▶	145.34
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 51 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PAMELA L. JENKINS
 Mailing Address **47604 Sandbank Square**
 City **Sterling** State **VA** Zip Code **20165**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125324
 Amount of Each Receipt this Period **48.07**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **EXECUTIVE OFFICE ASSISTANT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **246.72**

B. Full Name (Last, First, Middle Initial)
RUTH JERELS
 Mailing Address **1170 Winton Avenue**
 City **Akron** State **OH** Zip Code **44320**
 Date of Receipt **03 / 16 / 2009**
Transaction ID: SA11AI.125682
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8/SUMMIT COUNTY** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **300.00**

C. Full Name (Last, First, Middle Initial)
RUTH JERELS
 Mailing Address **1170 Winton Avenue**
 City **Akron** State **OH** Zip Code **44320**
 Date of Receipt **03 / 27 / 2009**
Transaction ID: SA11AI.125683
 Amount of Each Receipt this Period **50.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8/SUMMIT COUNTY** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **350.00**

SUBTOTAL of Receipts This Page (optional) ► **148.07**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) FRANK X. JEREZ	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 460 Center Street Apt. #3	Transaction ID: SA11AI.125325
	City Nutley State NJ Zip Code 07110-0000	Amount of Each Receipt this Period 35.03
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation LEAD ORGANIZER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.53	

B.	Full Name (Last, First, Middle Initial) BRUCE C. JETT	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 4503 Sandy Oak Terrace	Transaction ID: SA11AI.125326
	City Chester State VA Zip Code 23831	Amount of Each Receipt this Period 41.31
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation AREA ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 226.55	

C.	Full Name (Last, First, Middle Initial) GEORGE T. JOHNSON	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 3853 Fairfax Square	Transaction ID: SA11AI.125185
	City Fairfax State VA Zip Code 22031-4200	Amount of Each Receipt this Period 43.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.05	

SUBTOTAL of Receipts This Page (optional)	119.95
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GEORGE T. JOHNSON		Date of Receipt
	Mailing Address 3853 Fairfax Square		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Fairfax	VA	22031-4200
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125327
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 261.66	<input type="text"/> 43.61

B.	Full Name (Last, First, Middle Initial) JUDY A. JONES		Date of Receipt
	Mailing Address 115 S Oak Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125186
Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.35	<input type="text"/> 53.67

C.	Full Name (Last, First, Middle Initial) JUDY A. JONES		Date of Receipt
	Mailing Address 115 S Oak Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Falls Church	VA	22046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125328
Name of Employer AFSCME INT'L		Occupation ASSOC. DIRECTOR, INFORMATION SYSTEMS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.02	<input type="text"/> 53.67

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.95
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES JURGONIS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 11704 Bobs Ford Road	Transaction ID: SA11AI.125187
	City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 154.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 772.35	

B.	Full Name (Last, First, Middle Initial) CHARLES JURGONIS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 11704 Bobs Ford Road	Transaction ID: SA11AI.125329
	City State Zip Code Fairfax VA 22030	Amount of Each Receipt this Period 154.47
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, FINANCIAL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 926.82	

C.	Full Name (Last, First, Middle Initial) JASON KAY	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 2000 Cleveland	Transaction ID: SA11AI.125946
	City State Zip Code Evanston IL 60202	Amount of Each Receipt this Period 69.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 POLITICAL ACTION DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.40	

SUBTOTAL of Receipts This Page (optional)	378.08
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 188

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
AFSCME INT'L SENIOR SPEECH WRITER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 247.45

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	0	9

Transaction ID: SA11AI.125188

Amount of Each Receipt this Period

49.49

B.

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
AFSCME INT'L SENIOR SPEECH WRITER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 296.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Transaction ID: SA11AI.125330

Amount of Each Receipt this Period

49.49

C.

Full Name (Last, First, Middle Initial)

JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City State Zip Code
Saint Paul MN 55106

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 204.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Transaction ID: SA11AI.126040

Amount of Each Receipt this Period

68.88

SUBTOTAL of Receipts This Page (optional) ▶

167.86

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

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

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

FOR LINE NUMBER: PAGE 56 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JILL KIELBLOCK
Mailing Address 581 Gotzian Street
City State Zip Code
Saint Paul MN 55106
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AFSCME MN CN 5/CN14 BUSINESS REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 219.48
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009
Transaction ID: SA11AI.126120
Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
GREGORY J. KING
Mailing Address 147 W Linvale Street
City State Zip Code
Baltimore MD 21217
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AFSCME INT'L STAFF REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 268.35
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009
Transaction ID: SA11AI.125189
Amount of Each Receipt this Period
53.67

C. Full Name (Last, First, Middle Initial)
GREGORY J. KING
Mailing Address 147 W Linvale Street
City State Zip Code
Baltimore MD 21217
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
AFSCME INT'L STAFF REPRESENTATIVE
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 322.02
Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009
Transaction ID: SA11AI.125331
Amount of Each Receipt this Period
53.67

SUBTOTAL of Receipts This Page (optional) ► 122.34
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) R. MICHAEL KIRKPATRICK	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 6131 Mifflin Avenue	Transaction ID: SA11AI.125605
	City State Zip Code Harrisburg PA 17111-4259	Amount of Each Receipt this Period 90.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 DIRECTOR, GRIEVANCE DEPT.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.22	

B.	Full Name (Last, First, Middle Initial) JOSEPH KLEMAN	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 4031 Executive Park Drive	Transaction ID: SA11AI.125607
	City State Zip Code Harrisburg PA 17111-1599	Amount of Each Receipt this Period 88.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.62	

C.	Full Name (Last, First, Middle Initial) CAROLYN KLINGLESMTIH	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 2812 Windsor Forest Drive	Transaction ID: SA11AI.125190
	City State Zip Code Louisville KY 40272	Amount of Each Receipt this Period 43.61
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L AREA ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 218.05	

SUBTOTAL of Receipts This Page (optional)	222.53
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 58 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 CAROLYN KLINGLESMTIH
 Mailing Address 2812 Windsor Forest Drive
 City State Zip Code
 Louisville KY 40272
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: SA11AI.125332
 Amount of Each Receipt this Period
 44.80
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L AREA ORGANIZING DIRECTOR
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 262.85

B. Full Name (Last, First, Middle Initial)
 MARCIA R. KNOX
 Mailing Address 1660 Newton Avenue
 City State Zip Code
 Dayton OH 45406-4110
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009
Transaction ID: SA11AI.125714
 Amount of Each Receipt this Period
 86.01
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 263.03

C. Full Name (Last, First, Middle Initial)
 MARCIA R. KNOX
 Mailing Address 1660 Newton Avenue
 City State Zip Code
 Dayton OH 45406-4110
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2009
Transaction ID: SA11AI.126133
 Amount of Each Receipt this Period
 5.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH CN 8 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 268.03

SUBTOTAL of Receipts This Page (optional) ► **135.81**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEVE KOFFROTH		Date of Receipt MM / DD / YYYY 03 / 10 / 2009		
	Mailing Address 17824 Autry Ct		Transaction ID: SA11AI.125818		
	City Chino Hills	State CA	Zip Code 91709	Amount of Each Receipt this Period 62.40	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME CA CN 36	Occupation STAFF REPRESENTATIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 249.60			

B.	Full Name (Last, First, Middle Initial) KERRY KORPI		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 8913 First Avenue		Transaction ID: SA11AI.125191		
	City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 68.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation DIRECTOR, RESEARCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 343.85			

C.	Full Name (Last, First, Middle Initial) KERRY KORPI		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 8913 First Avenue		Transaction ID: SA11AI.125333		
	City Silver Spring	State MD	Zip Code 20910	Amount of Each Receipt this Period 68.77	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation DIRECTOR, RESEARCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 412.62			

SUBTOTAL of Receipts This Page (optional)	▶	199.94
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) STEVEN KREISBERG		Date of Receipt
	Mailing Address 9954 Whitewater Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Burke	VA	22015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125192
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 268.35	<input type="text"/>
			53.67

B.	Full Name (Last, First, Middle Initial) STEVEN KREISBERG		Date of Receipt
	Mailing Address 9954 Whitewater Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Burke	VA	22015
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125334
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, RESEARCH	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 322.02	<input type="text"/>
			53.67

C.	Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY		Date of Receipt
	Mailing Address 400 Old Dominion Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Herndon	VA	20170
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125193
Name of Employer AFSCME INT'L		Occupation AUDITING MANAGER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 235.69	<input type="text"/>
			48.17

SUBTOTAL of Receipts This Page (optional)	<input type="text"/>	155.51
TOTAL This Period (last page this line number only)	<input type="text"/>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) THOMAS E. KULIKOSKY		Date of Receipt	
	Mailing Address 400 Old Dominion Avenue		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125335
	Herndon	VA	20170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		48.17	
Name of Employer AFSCME INT'L		Occupation AUDITING MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.86		

B.	Full Name (Last, First, Middle Initial) PATRICIA K. KWIATKOWSKI		Date of Receipt	
	Mailing Address 17420 Aquasco Farm Road		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125336
	Aquasco	MD	20608	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.03	
Name of Employer AFSCME INT'L		Occupation EXECUTIVE OFFICE ASSISTANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.83		

C.	Full Name (Last, First, Middle Initial) JOSE A. LALUZ, JR.		Date of Receipt	
	Mailing Address 16 E 98 Street Apt. 6F		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125195
	New York	NY	10029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		56.73	
Name of Employer AFSCME INT'L		Occupation SPECIAL PROJECTS MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 283.65		

SUBTOTAL of Receipts This Page (optional)	▶	147.93
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 188
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JOSE A. LALUZ, JR.

Mailing Address **16 E 98 Street
Apt. 6F**

City **New York** State **NY** Zip Code **10029**

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

Name of Employer **AFSCME INT'L** Occupation **SPECIAL PROJECTS MANAGER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.38**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125337

Amount of Each Receipt this Period **56.73**

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

Mailing Address **900 Grant Street SW**

City **Tumwater** State **WA** Zip Code **98512-6335**

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

Name of Employer **AFSCME WA CN 28** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **03 / 19 / 2009**
Transaction ID: SA11AI.126014

Amount of Each Receipt this Period **80.00**

C. Full Name (Last, First, Middle Initial)
ALAN L. LEE

Mailing Address **1539 Tigertail Court**

City **Palmdale** State **CA** Zip Code **93551**

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

Name of Employer **AFSCME INT'L** Occupation **INTERNATIONAL UNION REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.78**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125339

Amount of Each Receipt this Period **35.13**

SUBTOTAL of Receipts This Page (optional) ► **171.86**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) NEILDA C. LEE		Date of Receipt MM / DD / YYYY 03 / 13 / 2009		
	Mailing Address 1217 Gallatin Street, NW		Transaction ID: SA11AI.125198		
	City Washington	State DC	Zip Code 20011	Amount of Each Receipt this Period 88.50	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation DIRECTOR, HUMAN RESOURCES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 442.50			

B.	Full Name (Last, First, Middle Initial) NEILDA C. LEE		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 1217 Gallatin Street, NW		Transaction ID: SA11AI.125340		
	City Washington	State DC	Zip Code 20011	Amount of Each Receipt this Period 36.88	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation DIRECTOR, HUMAN RESOURCES			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 479.38			

C.	Full Name (Last, First, Middle Initial) SUE C. LEE-ALLEN		Date of Receipt MM / DD / YYYY 03 / 05 / 2009		
	Mailing Address 7935 SW Santolina Place		Transaction ID: SA11AI.126021		
	City Beaverton	State OR	Zip Code 97008-6272	Amount of Each Receipt this Period 70.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OR CN 75	Occupation ORGANIZING DIRECTOR			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional)	▶	195.38
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) ERIC N. LEHTO	Date of Receipt M M / D D / Y Y Y Y Y 03 / 10 / 2009
	Mailing Address 2122 West 2nd Street Apt. #2	Transaction ID: SA11AI.126041
	City Duluth State MN Zip Code 55086	Amount of Each Receipt this Period 103.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 309.66	

B.	Full Name (Last, First, Middle Initial) ERIC N. LEHTO	Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2009
	Mailing Address 2122 West 2nd Street Apt. #2	Transaction ID: SA11AI.126121
	City Duluth State MN Zip Code 55086	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 324.66	

C.	Full Name (Last, First, Middle Initial) SUSAN T. LEVITAN	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 2650 Worrell Court	Transaction ID: SA11AI.125199
	City Crofton State MD Zip Code 21114	Amount of Each Receipt this Period 40.96
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSISTANT DIRECTOR, POLITICAL ACTION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 204.80	

SUBTOTAL of Receipts This Page (optional)	159.18
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 65 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SUSAN T. LEVITAN
 Mailing Address **2650 Worrell Court**
 City **Crofton** State **MD** Zip Code **21114**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125341
 Amount of Each Receipt this Period **40.96**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR, POLITICAL ACTION**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **245.76**

B. Full Name (Last, First, Middle Initial)
KIP LOCKHART
 Mailing Address **139 Simpkins Drive**
 City **Bristol** State **CT** Zip Code **06010-0000**
 Date of Receipt **03 / 10 / 2009**
Transaction ID: SA11AI.125675
 Amount of Each Receipt this Period **62.02**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME CT CN 4** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **217.07**

C. Full Name (Last, First, Middle Initial)
LISABETH LONG
 Mailing Address **P.O. Box 82**
 City **Falls Creek** State **PA** Zip Code **15840-0082**
 Date of Receipt **03 / 11 / 2009**
Transaction ID: SA11AI.125614
 Amount of Each Receipt this Period **90.74**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME PA CN 13** Occupation **EDUCATION DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **269.66**

SUBTOTAL of Receipts This Page (optional) ► **193.72**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES M. LOVELESS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1112 Euclid Street NW	Transaction ID: SA11AI.125200
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 73.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.70	

B.	Full Name (Last, First, Middle Initial) CHARLES M. LOVELESS	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1112 Euclid Street NW	Transaction ID: SA11AI.125342
	City State Zip Code Washington DC 20009	Amount of Each Receipt this Period 73.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, LEGISLATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.04	

C.	Full Name (Last, First, Middle Initial) GEORGE LOVELL	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address RR 3 Box 3403	Transaction ID: SA11AI.126104
	City State Zip Code Goshen VT 05733-0000	Amount of Each Receipt this Period 60.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MA CN 93 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.04	

SUBTOTAL of Receipts This Page (optional)	▶	207.44
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 67 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 947 Bunker Hill Road

City State Zip Code
Watertown CT 06795-3231

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

Name of Employer Occupation
AFSCME CT CN 4 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 378.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.125673

Amount of Each Receipt this Period
100.00

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

Mailing Address 947 Bunker Hill Road

City State Zip Code
Watertown CT 06795-3231

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

Name of Employer Occupation
AFSCME CT CN 4 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 392.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.125110

Amount of Each Receipt this Period
14.00

C. 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 Occupation
AFSCME INT'L SECRETARY TREASURER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 665.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.125201

Amount of Each Receipt this Period
133.06

SUBTOTAL of Receipts This Page (optional) ► **247.06**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 68 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) WILLIAM LUCY		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 1831 Sudbury Lane NW		Transaction ID: SA11AI.125343		
	City Washington	State DC	Zip Code 20012-2202	Amount of Each Receipt this Period 133.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME INT'L	Occupation SECRETARY TREASURER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 798.36			

B.	Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt MM / DD / YYYY 03 / 04 / 2009		
	Mailing Address 383 Ashmoore Circle East		Transaction ID: SA11AI.125715		
	City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 125.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH CN 8	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 404.98			

C.	Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 383 Ashmoore Circle East		Transaction ID: SA11AI.125111		
	City Powell	State OH	Zip Code 43065	Amount of Each Receipt this Period 14.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME OH CN 8	Occupation VICE PRESIDENT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 418.98			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ROBERTA LYNCH	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 4650 N. Hermitage Street	Transaction ID: SA11AI.125951
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 102.52
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 332.56	

B.	Full Name (Last, First, Middle Initial) ROBERTA LYNCH	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 4650 N. Hermitage Street	Transaction ID: SA11AI.125112
	City State Zip Code Chicago IL 60640	Amount of Each Receipt this Period 14.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME IL CN 31 Occupation DEPUTY DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 346.56	

C.	Full Name (Last, First, Middle Initial) LONIE MACCONNELL	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 618 Frances Drive	Transaction ID: SA11AI.125615
	City State Zip Code Harrisburg PA 17109	Amount of Each Receipt this Period 69.16
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 206.12	

SUBTOTAL of Receipts This Page (optional)	185.68
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY MACKEY	Date of Receipt
	Mailing Address 2243 Ohio Avenue	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 10 / 2009
	City State Zip Code Signal Hill CA 90755	Transaction ID: SA11AI.125820
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 53.34
	Name of Employer Occupation AFSCME CA CN 36 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 213.36	

B.	Full Name (Last, First, Middle Initial) KATHRYN S. MALONE	Date of Receipt
	Mailing Address 988 Circle On The Green	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2009
	City State Zip Code Columbus OH 43235	Transaction ID: SA11AI.124742
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 77.00
	Name of Employer Occupation AFSCME INT'L DIRECTOR OF PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 269.50	

C.	Full Name (Last, First, Middle Initial) KATHRYN S. MALONE	Date of Receipt
	Mailing Address 988 Circle On The Green	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 24 / 2009
	City State Zip Code Columbus OH 43235	Transaction ID: SA11AI.125671
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 77.00
	Name of Employer Occupation AFSCME INT'L DIRECTOR OF PUBLIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 346.50	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 207.34
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 71 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LARRY MALONE
 Mailing Address **5185 Horseshoe Falls D**
 City **Dublin** State **OH** Zip Code **43016**
 Date of Receipt: **03 / 20 / 2009**
Transaction ID: SA11AI.125532
 Amount of Each Receipt this Period: **38.50**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME OH LOC 4** Occupation: **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **231.00**

B. Full Name (Last, First, Middle Initial)
LINDA FAY MANN
 Mailing Address **15103 Hunter Mountain Lane**
 City **Silver Spring** State **MD** Zip Code **20906**
 Date of Receipt: **03 / 31 / 2009**
Transaction ID: SA11AI.125344
 Amount of Each Receipt this Period: **41.41**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME INT'L** Occupation: **ADMINISTRATIVE ASSISTANT II**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **212.51**

C. Full Name (Last, First, Middle Initial)
MICHAEL MANN
 Mailing Address **15103 Hunter Mountain Lane**
 City **Silver Spring** State **MD** Zip Code **20906**
 Date of Receipt: **03 / 13 / 2009**
Transaction ID: SA11AI.125203
 Amount of Each Receipt this Period: **53.67**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **AFSCME INT'L** Occupation: **ASSISTANT DIRECTOR, AUDITING**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **268.35**

SUBTOTAL of Receipts This Page (optional) **133.58**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL MANN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 15103 Hunter Mountain Lane	Transaction ID: SA11AI.125345
	City State Zip Code Silver Spring MD 20906	Amount of Each Receipt this Period 53.67
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME INT'L	Occupation ASSISTANT DIRECTOR, AUDITING	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.02	

B.	Full Name (Last, First, Middle Initial) LARA L. MANZIONE	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 1201 East West Hwy. Unit #432	Transaction ID: SA11AI.125204
	City State Zip Code SilverSpring MD 20910	Amount of Each Receipt this Period 46.88
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.90	

C.	Full Name (Last, First, Middle Initial) LARA L. MANZIONE	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 1201 East West Hwy. Unit #432	Transaction ID: SA11AI.125346
	City State Zip Code SilverSpring MD 20910	Amount of Each Receipt this Period 46.88
	FEC ID number of contributing federal political committee. C	
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.78	

SUBTOTAL of Receipts This Page (optional)	147.43
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 188
(check only one)

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

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

A.

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

Mailing Address P.O. Box 314

City State Zip Code
Charlestown WV 25414

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

Name of Employer Occupation
AFSCME INT'L ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
247.45

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125205

Amount of Each Receipt this Period
49.49

B.

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

Mailing Address P.O. Box 314

City State Zip Code
Charlestown WV 25414

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

Name of Employer Occupation
AFSCME INT'L ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
296.94

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125347

Amount of Each Receipt this Period
49.49

C.

Full Name (Last, First, Middle Initial)
STEPHEN MARINCEL

Mailing Address 247 Kennard Street

City State Zip Code
Saint Paul MN 55106

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.48

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: SA11AI.126044

Amount of Each Receipt this Period
68.88

SUBTOTAL of Receipts This Page (optional) ► **167.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
STEPHEN MARINCEL

Mailing Address 247 Kennard Street

City State Zip Code
Saint Paul MN 55106

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 219.48

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: SA11AI.126122

Amount of Each Receipt this Period
15.00

B.

Full Name (Last, First, Middle Initial)
ALIXETTA MARLOW

Mailing Address 3937 Blueberry Hollow Road

City State Zip Code
Gahanna OH 43230

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

Name of Employer Occupation
AFSCME OH LOC 4 ADMN. ASST. DIR. OF ACCTG.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.125533

Amount of Each Receipt this Period
38.50

C.

Full Name (Last, First, Middle Initial)
GARY V. MARTIN

Mailing Address 255 Trail East

City State Zip Code
Pataskala OH 43701

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

Name of Employer Occupation
AFSCME OH LOC 4 ASSOCIATE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: SA11AI.125534

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **93.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
KIMBERLY A. MASSENGILL-BERNARDIN

Mailing Address **8000 Brookpoint Place**

City **Westerville** State **OH** Zip Code **43081**

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

Name of Employer **AFSCME OH CN 8** Occupation **ASSOCIATE COUNSEL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.44**

Date of Receipt **03 / 04 / 2009**
Transaction ID: SA11AI.125717
 Amount of Each Receipt this Period **69.48**

B.

Full Name (Last, First, Middle Initial)
CLYDE F. MAUK

Mailing Address **4842 Bridge Lane Apt. #1**

City **Mason** State **OH** Zip Code **45050**

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

Name of Employer **AFSCME OH LOC 4** Occupation **REGIONAL DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **03 / 20 / 2009**
Transaction ID: SA11AI.125535
 Amount of Each Receipt this Period **40.00**

C.

Full Name (Last, First, Middle Initial)
ELISSA MCBRIDE

Mailing Address **9 Sherman Avenue**

City **Takoma Park** State **MD** Zip Code **20912**

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

Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, EDUCATION**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **515.75**

Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125206
 Amount of Each Receipt this Period **103.15**

SUBTOTAL of Receipts This Page (optional) ► **212.63**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) ELISSA MCBRIDE		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 9 Sherman Avenue		Transaction ID: SA11AI.125348
City Takoma Park	State MD	Zip Code 20912
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 103.15
Name of Employer AFSCME INT'L	Occupation DIRECTOR, EDUCATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 618.90	

B.

Full Name (Last, First, Middle Initial) BOYD B. MCCAMISH		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1004 Woodtown Drive		Transaction ID: SA11AI.125349
City Gahanna	State OH	Zip Code 43230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.21
Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 236.98	

C.

Full Name (Last, First, Middle Initial) MARGARET MCCANN		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 103 Lynnmore Drive		Transaction ID: SA11AI.125208
City Silver Spring	State MD	Zip Code 20901
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.03
Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 278.12	

SUBTOTAL of Receipts This Page (optional)	200.39
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 77 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARGARET MCCANN
 Mailing Address **103 Lynnmore Drive**
 City **Silver Spring** State **MD** Zip Code **20901**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125350
 Amount of Each Receipt this Period **57.03**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASSOCIATE GENERAL COUNSEL II**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **335.15**

B. Full Name (Last, First, Middle Initial)
GARY MCCAULLEY
 Mailing Address **84 Mic Nan Drive**
 City **Londonberry** State **PA** Zip Code **17057**
 Date of Receipt **03 / 11 / 2009**
Transaction ID: SA11AI.125617
 Amount of Each Receipt this Period **90.74**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME PA CN 13** Occupation **ASSISTANT DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **269.66**

C. Full Name (Last, First, Middle Initial)
BRIAN P. MCDONNELL
 Mailing Address **1322 Myron Street**
 City **Niskayuna** State **NY** Zip Code **12309**
 Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125209
 Amount of Each Receipt this Period **43.23**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **POLITICAL ACTION COORDINATOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **216.15**

SUBTOTAL of Receipts This Page (optional) **191.00**
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) BRIAN P. MCDONNELL		Date of Receipt
Mailing Address 1322 Myron Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Niskayuna NY 12309		<input type="text"/> 03 / <input type="text"/> 31 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125351
Name of Employer Occupation AFSCME INT'L POLITICAL ACTION COORDINATOR		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 43.23
Aggregate Year-to-Date ▼ <input type="text"/> 259.38		

B.

Full Name (Last, First, Middle Initial) GERALD MCENTEE		Date of Receipt
Mailing Address 800 25th Street NW Apt. #406		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Washington DC 20037-2207		<input type="text"/> 03 / <input type="text"/> 13 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125210
Name of Employer Occupation AFSCME INT'L PRESIDENT		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 156.83
Aggregate Year-to-Date ▼ <input type="text"/> 784.15		

C.

Full Name (Last, First, Middle Initial) GERALD MCENTEE		Date of Receipt
Mailing Address 800 25th Street NW Apt. #406		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
City State Zip Code Washington DC 20037-2207		<input type="text"/> 03 / <input type="text"/> 31 / <input type="text"/> 2009
FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125352
Name of Employer Occupation AFSCME INT'L PRESIDENT		Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/> 156.83
Aggregate Year-to-Date ▼ <input type="text"/> 940.98		

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 356.89
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 / 188
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) FREDERICK A. MCGRAW		Date of Receipt	
	Mailing Address 1258 Summerset Way		M M / D D / Y Y Y Y Y 03 / 20 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125536
	Pickerington	OH	43147	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		35.00	
Name of Employer AFSCME OH LOC 4		Occupation EDUCATION & RESEARCH DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) PETER M. MCLINDEN		Date of Receipt	
	Mailing Address 935 Pamela Road		M M / D D / Y Y Y Y Y 03 / 04 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125719
	Cincinnati	OH	45255	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		84.76	
Name of Employer AFSCME OH CN 8		Occupation ASSOCIATE COUNSEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 254.28		

C.	Full Name (Last, First, Middle Initial) ORAN MCMICHAEL		Date of Receipt	
	Mailing Address 2777 Northtowne Lane Apt. #2088S		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125211
	Reno	NV	89512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		43.61	
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.05		

SUBTOTAL of Receipts This Page (optional)	163.37
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 80 / 188

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane
Apt. #2088S

City State Zip Code
Reno NV 89512

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

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
261.66

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125353

Amount of Each Receipt this Period

43.61

B.

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City State Zip Code
Cheverly MD 20785

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
272.10

Date of Receipt

M M / D D / Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125212

Amount of Each Receipt this Period

54.42

C.

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City State Zip Code
Cheverly MD 20785

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
326.52

Date of Receipt

M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125354

Amount of Each Receipt this Period

54.42

SUBTOTAL of Receipts This Page (optional) ▶

152.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 81 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) EDWARD MCNEIL		Date of Receipt
	Mailing Address 2546 Edison		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 04 / 2009
	City	State	Zip Code
	Detroit	MI	48206
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.125440
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 201.17	<input type="text"/> 40.69

B.	Full Name (Last, First, Middle Initial) EDWARD MCNEIL		Date of Receipt
	Mailing Address 2546 Edison		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Detroit	MI	48206
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Transaction ID: SA11AI.125485
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 309.07	<input type="text"/> 107.90

C.	Full Name (Last, First, Middle Initial) LAURIE MERTA		Date of Receipt
	Mailing Address 9829 59th Street, Court W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Tacoma	WA	98467-1007
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer AFSCME WA CN 28		Occupation CONVENTION FUNDRAISER	Transaction ID: SA11AI.126016
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text"/> 300.00	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 248.59
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GLEN MIDDLETON		Date of Receipt MM / DD / YYYY 03 / 06 / 2009		
	Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.125679		
	City Baltimore	State MD	Zip Code 21230	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date 568.00		

B.	Full Name (Last, First, Middle Initial) GLEN MIDDLETON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 1410 Bush Street Suite A		Transaction ID: SA11AI.125113		
	City Baltimore	State MD	Zip Code 21230	Amount of Each Receipt this Period 14.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME MD CN 67	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date 582.00		

C.	Full Name (Last, First, Middle Initial) SCOTT D. MILLER		Date of Receipt MM / DD / YYYY 03 / 03 / 2009		
	Mailing Address 2056 W Hutchinson 2nd Fl.		Transaction ID: SA11AI.125955		
	City Chicago	State IL	Zip Code 60618	Amount of Each Receipt this Period 71.02	
	FEC ID number of contributing federal political committee. C				
	Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL	Aggregate Year-to-Date 211.00		

SUBTOTAL of Receipts This Page (optional)	▶	265.02
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 188
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) HAROLD F. MITCHELL		Date of Receipt
	Mailing Address 3999 Kensingwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 04 / 2009
	City	State	Zip Code
	Columbus	OH	43230
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125721
Name of Employer AFSCME OH CN 8		Occupation ASSISTANT ORGANIZING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 335.22	111.74

B.	Full Name (Last, First, Middle Initial) RHONDA M. MONTGOMERY		Date of Receipt
	Mailing Address 1602 Temperance		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Indianapolis	IN	46203
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125356
Name of Employer AFSCME INT'L		Occupation REGIONAL FIELD ADMINISTRATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 204.48	34.08

C.	Full Name (Last, First, Middle Initial) PATRICK G. MORAN		Date of Receipt
	Mailing Address 415 U Street, NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125217
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.05	43.61

SUBTOTAL of Receipts This Page (optional)	189.43
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 84 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) PATRICK G. MORAN	Date of Receipt
	Mailing Address 415 U Street, NW	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City State Zip Code Washington DC 20001	Transaction ID: SA11AI.125359
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 43.61
	Name of Employer Occupation AFSCME INT'L AREA ORGANIZING DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 261.66	

B.	Full Name (Last, First, Middle Initial) JEANNE MORRIS	Date of Receipt
	Mailing Address 2315 Reddings Run Road	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 11 / 2009
	City State Zip Code Home PA 15747	Transaction ID: SA11AI.125626
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 70.84
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 205.71	

C.	Full Name (Last, First, Middle Initial) STEVEN L. MYERS	Date of Receipt
	Mailing Address 6805 Oak Creek Drive	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 20 / 2009
	City State Zip Code Columbus OH 43229	Transaction ID: SA11AI.125543
	FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>	Amount of Each Receipt this Period <input type="text"/> 40.00
	Name of Employer Occupation AFSCME OH LOC 4 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/> 240.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 154.45
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES NEBLETT		Date of Receipt																					
	Mailing Address 17635 Greenview		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		2	4		2	0	0	9														
	City State Zip Code Detroit MI 48219-3588		Transaction ID: SA11AI.125487																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME MI CN 25 Occupation: ADMINISTRATIVE DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 282.44		98.87																						

B.	Full Name (Last, First, Middle Initial) CYNTHIA NELSON		Date of Receipt																					
	Mailing Address 2648 Garfield Street, N.E.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	0		2	0	0	9														
	City State Zip Code Minneapolis MN 55418		Transaction ID: SA11AI.126047																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME MN CN 5/CN14 Occupation: BUSINESS REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 201.95		68.90																						

C.	Full Name (Last, First, Middle Initial) JESSE NEWCOMER, IV		Date of Receipt																					
	Mailing Address 2109 Circle Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		1	1		2	0	0	9														
	City State Zip Code Carlisle PA 17013		Transaction ID: SA11AI.125630																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: AFSCME PA CN 13 Occupation: STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 212.82		70.94																						

SUBTOTAL of Receipts This Page (optional)	▶	238.71
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 86 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHAEL NEWMAN		Date of Receipt
	Mailing Address 4031 N. Hermitage Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2009
	City	State	Zip Code
	Chicago	IL	60613
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125957
Name of Employer AFSCME IL CN 31		Occupation ASSOCIATE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.48	<input type="text"/> 89.36

B.	Full Name (Last, First, Middle Initial) JAMES B. NILAND		Date of Receipt
	Mailing Address 2728 Pleasant Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Minneapolis	MN	55408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126049
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 390.00	<input type="text"/> 130.00

C.	Full Name (Last, First, Middle Initial) JAMES B. NILAND		Date of Receipt
	Mailing Address 2728 Pleasant Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 27 / 2009
	City	State	Zip Code
	Minneapolis	MN	55408
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126125
Name of Employer AFSCME MN CN 5/CN14		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 405.00	<input type="text"/> 15.00

SUBTOTAL of Receipts This Page (optional)	234.36
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 188
(check only one)

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

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

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

Mailing Address **8 Highland Road**

City **Seven Valleys** State **PA** Zip Code **17360**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.72**

Date of Receipt **03 / 11 / 2009**
Transaction ID: SA11AI.125631
 Amount of Each Receipt this Period **76.24**

B. Full Name (Last, First, Middle Initial)
ERIN S. OKANTEY

Mailing Address **2100 Washington Avenue #7A**

City **Silver Spring** State **MD** Zip Code **20910**

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

Name of Employer **AFSCME INT'L** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.48**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125362
 Amount of Each Receipt this Period **34.08**

C. Full Name (Last, First, Middle Initial)
RUSSELL K. OKATA

Mailing Address **1015 Wilder Avenue #203**

City **Honolulu** State **HI** Zip Code **96822-2655**

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

Name of Employer **AFSCME HI LOC 152** Occupation **EXECUTIVE DIRECTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 17 / 2009**
Transaction ID: SA11AI.125809
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional) ► **210.32**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) HOLLY OLSON		Date of Receipt
	Mailing Address 15443 Martins Hundred Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	Centerville	VA	20120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125221
Name of Employer AFSCME INT'L		Occupation DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 295.00	<input type="text"/> 59.00

B.	Full Name (Last, First, Middle Initial) HOLLY OLSON		Date of Receipt
	Mailing Address 15443 Martins Hundred Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Centerville	VA	20120
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125363
Name of Employer AFSCME INT'L		Occupation DIRECTOR, GENERAL SERVICES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 354.00	<input type="text"/> 59.00

C.	Full Name (Last, First, Middle Initial) SUSAN M. OSTHUS		Date of Receipt
	Mailing Address 5200 Deerwood Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 03 / 2009
	City	State	Zip Code
	Springfield	IL	62703
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125959
Name of Employer AFSCME IL CN 31		Occupation LEGAL COUNSEL	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 211.00	<input type="text"/> 71.02

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 189.02
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CURT A. OSTRANDER	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 25 J. Braden Thompson Road	Transaction ID: SA11AI.125364
	City State Zip Code Forestdale MA 02644-0000	Amount of Each Receipt this Period 44.59
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.95	

B.	Full Name (Last, First, Middle Initial) GERALD OTTEN	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 2905 Evergreen Way	Transaction ID: SA11AI.125223
	City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 40.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L BENEFITS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.40	

C.	Full Name (Last, First, Middle Initial) GERALD OTTEN	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2905 Evergreen Way	Transaction ID: SA11AI.125365
	City State Zip Code Ellicott City MD 21042	Amount of Each Receipt this Period 40.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L BENEFITS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.48	

SUBTOTAL of Receipts This Page (optional)	▶	124.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GINA R L PACHECO		Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address P.O. Box 5488		Transaction ID: SA11AI.125788
	City Hilo	State HI	Zip Code 96720
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer AFSCME HI LOC 152	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) HAROLD A. PALMER		Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 7565 Liddesdale Blvd.		Transaction ID: SA11AI.125545
	City Blacklick	State OH	Zip Code 43004
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
	Name of Employer AFSCME OH LOC 4	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) CHERYL PARISI		Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 1932 Walcott Way		Transaction ID: SA11AI.125822
	City Los Angeles	State CA	Zip Code 90039
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer AFSCME CA CN 36	Occupation BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	310.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) DEBORAH JO PATTON		Date of Receipt	
	Mailing Address 29 N Wacker		M M / D D / Y Y Y Y Y 03 / 03 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125961
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		69.14	
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.40		

B.	Full Name (Last, First, Middle Initial) WILLIE L. PELOTE		Date of Receipt	
	Mailing Address 351 Ross Way		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125225
	Sacramento	CA	95864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		49.49	
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 247.45		

C.	Full Name (Last, First, Middle Initial) WILLIE L. PELOTE		Date of Receipt	
	Mailing Address 351 Ross Way		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125367
	Sacramento	CA	95864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		49.49	
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, POLITICAL ACTION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 296.94		

SUBTOTAL of Receipts This Page (optional)	▶	168.12
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOANNE M. PELS	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 6987 County 38 N.W.	Transaction ID: SA11AI.126050
	City Walker State MN Zip Code 56484	Amount of Each Receipt this Period 81.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 242.64	

B.	Full Name (Last, First, Middle Initial) JOANNE M. PELS	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 6987 County 38 N.W.	Transaction ID: SA11AI.126126
	City Walker State MN Zip Code 56484	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 302.64	

C.	Full Name (Last, First, Middle Initial) JOANNE M. PELS	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 6987 County 38 N.W.	Transaction ID: SA11AI.126127
	City Walker State MN Zip Code 56484	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation STAFF REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 317.64	

SUBTOTAL of Receipts This Page (optional)	156.74
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) RANDOLPH P. PERREIRA	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 1044 Mokuhano Street	Transaction ID: SA11AI.125789
	City State Zip Code Honolulu HI 96825	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME HI LOC 152 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) ELIZABETH PERROW	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 958 N. Harrison Street	Transaction ID: SA11AI.125227
	City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 40.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.40	

C.	Full Name (Last, First, Middle Initial) ELIZABETH PERROW	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 958 N. Harrison Street	Transaction ID: SA11AI.125369
	City State Zip Code Arlington VA 22205	Amount of Each Receipt this Period 40.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT TO JUD. PANEL CHAIRPERSON	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.48	

SUBTOTAL of Receipts This Page (optional)	180.16
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) MICHAEL S. PERRY		Date of Receipt
	Mailing Address 313 Sheridan Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2009
	City	State	Zip Code
	Wilmette	IL	60091
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125962
Name of Employer AFSCME IL CN 31		Occupation DIRECTOR EMP. INV. DEV. & TRAINING	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.40	69.14

B.	Full Name (Last, First, Middle Initial) JANE ANN PETERSON		Date of Receipt
	Mailing Address 2179 Shoreham Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Columbus	OH	43220
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125546
Name of Employer AFSCME OH LOC 4		Occupation ADMINISTRATIVE ASSISTANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 231.00	38.50

C.	Full Name (Last, First, Middle Initial) KEVIN L. PIATT		Date of Receipt
	Mailing Address 300 Hardman Avenue South		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	South St. Paul	MN	55075
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126051
Name of Employer AFSCME MN CN 5/CN14		Occupation EXECUTIVE DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 237.70	84.48

SUBTOTAL of Receipts This Page (optional)	192.12
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
RONALD W PITTS

Mailing Address 2001-A Industrial Drive

City Marion State IL Zip Code 62959

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

Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.00

Date of Receipt: 03 / 03 / 2009
Transaction ID: SA11AI.125965
Amount of Each Receipt this Period: 71.02

B.

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

Mailing Address 9404 Nicklaus Lane

City Laurel State MD Zip Code 20708

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 258.65

Date of Receipt: 03 / 13 / 2009
Transaction ID: SA11AI.125228
Amount of Each Receipt this Period: 51.73

C.

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

Mailing Address 9404 Nicklaus Lane

City Laurel State MD Zip Code 20708

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.38

Date of Receipt: 03 / 31 / 2009
Transaction ID: SA11AI.125370
Amount of Each Receipt this Period: 51.73

SUBTOTAL of Receipts This Page (optional) ► 174.48

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 96 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) KENNETH POTOCKI	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 17614 Manhattan Road	Transaction ID: SA11AI.125969
	City State Zip Code Elwood IL 60421-9419	Amount of Each Receipt this Period 78.86
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.28	

B.	Full Name (Last, First, Middle Initial) GREGORY POWELL	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 11505 Circle Drive	Transaction ID: SA11AI.125687
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME TX LOC 1624 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) GREGORY POWELL	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 11505 Circle Drive	Transaction ID: SA11AI.125688
	City State Zip Code Austin TX 78748	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME TX LOC 1624 VICE PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

SUBTOTAL of Receipts This Page (optional)	118.86
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 97 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 GREGORY POWELL
 Mailing Address 11505 Circle Drive
 City State Zip Code
 Austin TX 78748
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: SA11AI.125117
 Amount of Each Receipt this Period
 70.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

B. Full Name (Last, First, Middle Initial)
 GREGORY POWELL
 Mailing Address 11505 Circle Drive
 City State Zip Code
 Austin TX 78748
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: SA11AI.125689
 Amount of Each Receipt this Period
 20.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME TX LOC 1624 Occupation VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

C. Full Name (Last, First, Middle Initial)
 SALLY A. POWLESS
 Mailing Address 2410 Westbrook Drive
 City State Zip Code
 Toledo OH 43613-3921
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 04 / 2009
Transaction ID: SA11AI.125727
 Amount of Each Receipt this Period
 84.76
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation LEAD STAFF ORGANIZER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 254.28

SUBTOTAL of Receipts This Page (optional) ► **174.76**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 188

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City State Zip Code
Fort Washington MD 20744

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

Name of Employer Occupation
AFSCME INT'L ADMINISTRATIVE ASSISTANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.52

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.125371

Amount of Each Receipt this Period

39.07

B.

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City State Zip Code
Cleveland OH 44130

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

Name of Employer Occupation
AFSCME OH LOC 4 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

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

Transaction ID: SA11AI.125547

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City State Zip Code
Hilliard OH 43026

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

Name of Employer Occupation
AFSCME INT'L AREA FIELD SERVICES DIRECTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 218.05

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.125231

Amount of Each Receipt this Period

43.61

SUBTOTAL of Receipts This Page (optional) ▶

122.68

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

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

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

FOR LINE NUMBER: PAGE 99 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
TERRY M. REED
 Mailing Address **2737 Yellowrock Place**
 City **Hilliard** State **OH** Zip Code **43026**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125373
 Amount of Each Receipt this Period **43.61**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **AREA FIELD SERVICES DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **261.66**

B. Full Name (Last, First, Middle Initial)
STEPHEN REGENSTREIF
 Mailing Address **3214 38th Street NW**
 City **Washington** State **DC** Zip Code **20016**
 Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125232
 Amount of Each Receipt this Period **59.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, RETIREE PROGRAMS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **295.00**

C. Full Name (Last, First, Middle Initial)
STEPHEN REGENSTREIF
 Mailing Address **3214 38th Street NW**
 City **Washington** State **DC** Zip Code **20016**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125374
 Amount of Each Receipt this Period **59.00**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, RETIREE PROGRAMS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **354.00**

SUBTOTAL of Receipts This Page (optional) ► **161.61**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 100 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LISA E. RICE

Mailing Address 1456 Greenmont Court

City Reston State VA Zip Code 20190

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

Name of Employer AFSCME INT'L Occupation PROJECT COORDINATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 221.70

Date of Receipt 03 / 31 / 2009

Transaction ID: SA11AI.125375

Amount of Each Receipt this Period 36.95

B. Full Name (Last, First, Middle Initial)
SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City Worthington State OH Zip Code 43085

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

Name of Employer AFSCME OH LOC 11/SOOH Occupation TRANSPORTATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 13 / 2009

Transaction ID: SA11AI.125685

Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City Worthington State OH Zip Code 43085

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

Name of Employer AFSCME OH LOC 11/SOOH Occupation TRANSPORTATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 27 / 2009

Transaction ID: SA11AI.125686

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► 116.95

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 188		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHELLE RIDER		Date of Receipt
	Mailing Address 4031 Executive Park Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 11 / 2009
	City	State	Zip Code
	Harrisburg	PA	17111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125638
Name of Employer AFSCME PA CN 13		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 218.94	72.98

B.	Full Name (Last, First, Middle Initial) THOMAS J. RITCHIE, Sr.		Date of Receipt
	Mailing Address 1644 Spaulding Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 04 / 2009
	City	State	Zip Code
	Dayton	OH	45432
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125729
Name of Employer AFSCME OH CN 8		Occupation REGIONAL DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 290.61	96.87

C.	Full Name (Last, First, Middle Initial) GLADYS RIVERA		Date of Receipt
	Mailing Address P.O. Box 1414		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Lancaster	PA	17608-1414
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125562
Name of Employer AFSCME PA CN 13/SOPA		Occupation INSPECTION SAFETY PROFESSOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	100.00

SUBTOTAL of Receipts This Page (optional)	269.85
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) CLAUDIA ROBERSON		Date of Receipt MM / DD / YYYY 03 / 03 / 2009
Mailing Address 7340 S. Yates 2nd Fl.		Transaction ID: SA11AI.125970
City Chicago	State IL	Zip Code 60649
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 89.36
Name of Employer AFSCME IL CN 31	Occupation ASSOCIATE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.48	

B.

Full Name (Last, First, Middle Initial) JESSICA R. ROBINSON		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 7901 Chicago Avenue		Transaction ID: SA11AI.125234
City SilverSpring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.38
Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.90	

C.

Full Name (Last, First, Middle Initial) JESSICA R. ROBINSON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 7901 Chicago Avenue		Transaction ID: SA11AI.125376
City SilverSpring	State MD	Zip Code 20910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.38
Name of Employer AFSCME INT'L	Occupation ASSOCIATE GENERAL COUNSEL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 422.28	

SUBTOTAL of Receipts This Page (optional)	230.12
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) YVONNE T. ROBINSON		Date of Receipt	
	Mailing Address 501 Pulliam Street NW		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125377
	Atlanta	GA	30312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		36.09	
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 216.54		

B.	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt	
	Mailing Address 9135 Cowenton Avenue		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125236
	Perry Hall	MD	21128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		45.63	
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.15		

C.	Full Name (Last, First, Middle Initial) LYNN ANN RODENHUIS		Date of Receipt	
	Mailing Address 9135 Cowenton Avenue		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125378
	Perry Hall	MD	21128	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		45.63	
Name of Employer AFSCME INT'L		Occupation AREA ORGANIZING DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.78		

SUBTOTAL of Receipts This Page (optional)	▶	127.35
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 188
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
JUANITA M. RODRIGUEZ

Mailing Address **4024 Wellington Drive**

City **Oakdale** State **PA** Zip Code **15071**

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

Name of Employer **AFSCME INT'L** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **216.54**

Date of Receipt **03 / 31 / 2009**

Transaction ID: SA11AI.125379

Amount of Each Receipt this Period **36.09**

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

Mailing Address **13084 Lia Court**

City **Lindon** State **MI** Zip Code **48451**

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

Name of Employer **AFSCME MI CN 25** Occupation **SECRETARY-TREASURER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **524.16**

Date of Receipt **03 / 04 / 2009**

Transaction ID: SA11AI.125444

Amount of Each Receipt this Period **106.05**

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

Mailing Address **13084 Lia Court**

City **Lindon** State **MI** Zip Code **48451**

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

Name of Employer **AFSCME MI CN 25** Occupation **SECRETARY-TREASURER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **811.77**

Date of Receipt **03 / 24 / 2009**

Transaction ID: SA11AI.125489

Amount of Each Receipt this Period **287.61**

SUBTOTAL of Receipts This Page (optional) ► **429.75**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHARLES ROGINSKI	Date of Receipt MM / DD / YYYY 03 / 20 / 2009
	Mailing Address 6124 Crystal Valley Drive	Transaction ID: SA11AI.125548
	City State Zip Code Galena OH 43021	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 REGIONAL DIRECTOR	
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) JOSEPH K. ROWE	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 34 Lakeside Drive	Transaction ID: SA11AI.125639
	City State Zip Code Honesdale PA 18431	Amount of Each Receipt this Period 90.74
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 267.32	

C.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 4771 Powderhorn Lane	Transaction ID: SA11AI.124791
	City State Zip Code Westerville OH 43081	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH LOC 4 EXECUTIVE DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 453.00	

SUBTOTAL of Receipts This Page (optional)	▶	215.74
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA			Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 4771 Powderhorn Lane			Transaction ID: SA11AI.125549		
	City Westerville	State OH	Zip Code 43081	Amount of Each Receipt this Period 85.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date 538.00		

B.	Full Name (Last, First, Middle Initial) JOSEPH P. RUGOLA			Date of Receipt MM / DD / YYYY 03 / 31 / 2009		
	Mailing Address 4771 Powderhorn Lane			Transaction ID: SA11AI.125119		
	City Westerville	State OH	Zip Code 43081	Amount of Each Receipt this Period 14.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME OH LOC 4		Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date 552.00		

C.	Full Name (Last, First, Middle Initial) VEDA RUGOLA			Date of Receipt MM / DD / YYYY 03 / 20 / 2009		
	Mailing Address 4771 Powderhorn Lane			Transaction ID: SA11AI.125550		
	City Westerville	State OH	Zip Code 43081	Amount of Each Receipt this Period 38.50		
	FEC ID number of contributing federal political committee. C					
	Name of Employer AFSCME OH LOC 4		Occupation STAFF REPRESENTATIVE	Aggregate Year-to-Date 231.00		

SUBTOTAL of Receipts This Page (optional)	▶	137.50
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 188		
	<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

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

A.	Full Name (Last, First, Middle Initial) WILLIAM SAMS	Date of Receipt M M / D D / Y Y Y Y Y 03 / 04 / 2009
	Mailing Address 34 Main Street Apt. A	Transaction ID: SA11AI.125731
	City State Zip Code The Plains OH 45780	Amount of Each Receipt this Period 84.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME OH CN 8 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.28	

B.	Full Name (Last, First, Middle Initial) WILLIAM SARVER	Date of Receipt M M / D D / Y Y Y Y Y 03 / 03 / 2009
	Mailing Address 1804 S. Country Club Road	Transaction ID: SA11AI.125973
	City State Zip Code Decatur IL 62521-4462	Amount of Each Receipt this Period 80.56
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 BUSINESS MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 239.34	

C.	Full Name (Last, First, Middle Initial) LEE ALAN SAUNDERS	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 7510 Alaska Avenue, NW	Transaction ID: SA11AI.125238
	City State Zip Code Washington DC 20012	Amount of Each Receipt this Period 89.87
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L EXECUTIVE ASSISTANT TO PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 449.35	

SUBTOTAL of Receipts This Page (optional)	▶	255.19
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 108 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City State Zip Code
Washington DC 20012

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 539.22

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125380

Amount of Each Receipt this Period
89.87

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

Mailing Address 11007 Pompey Drive

City State Zip Code
Upper Malboro MD 20772

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE OFFICE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 272.10

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 13 / 2009

Transaction ID: SA11AI.125239

Amount of Each Receipt this Period
54.42

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

Mailing Address 11007 Pompey Drive

City State Zip Code
Upper Malboro MD 20772

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

Name of Employer Occupation
AFSCME INT'L EXECUTIVE OFFICE ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 326.52

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125381

Amount of Each Receipt this Period
54.42

SUBTOTAL of Receipts This Page (optional) ► 198.71

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 109 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) LAWRENCE SCANLON		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1108 Duke Street		Transaction ID: SA11AI.125240
City Alexandria	State VA	Zip Code 22314-3514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.34
Name of Employer AFSCME INT'L	Occupation DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.70	

B.

Full Name (Last, First, Middle Initial) LAWRENCE SCANLON		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1108 Duke Street		Transaction ID: SA11AI.125382
City Alexandria	State VA	Zip Code 22314-3514
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 73.34
Name of Employer AFSCME INT'L	Occupation DIRECTOR, POLITICAL ACTION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.04	

C.

Full Name (Last, First, Middle Initial) PETER SCHMALZ		Date of Receipt MM / DD / YYYY 03 / 03 / 2009
Mailing Address 1227 N. Ridgeland Avenue		Transaction ID: SA11AI.125975
City Oak Park	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.86
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.28	

SUBTOTAL of Receipts This Page (optional)	▶	225.54
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JAMES SCHMITZ	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 15237 Dufief Drive	Transaction ID: SA11AI.125241
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 73.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, ORGANIZING & FIELD SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.70	

B.	Full Name (Last, First, Middle Initial) JAMES SCHMITZ	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 15237 Dufief Drive	Transaction ID: SA11AI.125383
	City State Zip Code North Potomac MD 20878	Amount of Each Receipt this Period 73.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L DIRECTOR, ORGANIZING & FIELD SVCS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.04	

C.	Full Name (Last, First, Middle Initial) ALBERT SCHNAUFER	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 400 South Flower #65	Transaction ID: SA11AI.125823
	City State Zip Code Orange CA 92868	Amount of Each Receipt this Period 70.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME CA CN 36 BUSINESS REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.96	

SUBTOTAL of Receipts This Page (optional)	216.92
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 188
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) MARY SCHWANGER		Date of Receipt MM / DD / YYYY 03 / 11 / 2009
Mailing Address 419 Valley Street		Transaction ID: SA11AI.125644
City Marysville	State PA	Zip Code 17053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 106.92
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.76	

B.

Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 13096 Charlston Way		Transaction ID: SA11AI.125243
City Rosemount	State MN	Zip Code 55068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.31
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 206.55	

C.

Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt MM / DD / YYYY 03 / 23 / 2009
Mailing Address 13096 Charlston Way		Transaction ID: SA11AI.125672
City Rosemount	State MN	Zip Code 55068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME INT'L	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 221.55	

SUBTOTAL of Receipts This Page (optional)	163.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SHELLEY K. SEEBERG		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
	Mailing Address 13096 Charlston Way		Transaction ID: SA11AI.125385	
	City	State	Zip Code	Amount of Each Receipt this Period
	Rosemount	MN	55068	41.31
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 262.86		

B.	Full Name (Last, First, Middle Initial) JOHN SEFERIAN		Date of Receipt MM / DD / YYYY 03 / 13 / 2009	
	Mailing Address 1425 Foxhall Road, NW		Transaction ID: SA11AI.125244	
	City	State	Zip Code	Amount of Each Receipt this Period
	Washington	DC	20007	85.88
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation CHAIRPERSON, JUDICIAL PANEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 429.40		

C.	Full Name (Last, First, Middle Initial) JOHN SEFERIAN		Date of Receipt MM / DD / YYYY 03 / 31 / 2009	
	Mailing Address 1425 Foxhall Road, NW		Transaction ID: SA11AI.125386	
	City	State	Zip Code	Amount of Each Receipt this Period
	Washington	DC	20007	85.88
	FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME INT'L		Occupation CHAIRPERSON, JUDICIAL PANEL		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 515.28		

SUBTOTAL of Receipts This Page (optional)	213.07
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 188
(check only one)

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

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

A.

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

Mailing Address 300 Hardman Avenue South

City State Zip Code
South St. Paul MN 55075

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 303.54

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 10 / 2009

Transaction ID: SA11AI.126054

Amount of Each Receipt this Period

92.82

B.

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

Mailing Address 300 Hardman Avenue South

City State Zip Code
South St. Paul MN 55075

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 318.54

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 27 / 2009

Transaction ID: SA11AI.126128

Amount of Each Receipt this Period

15.00

C.

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

Mailing Address 300 Hardman Avenue South

City State Zip Code
South St. Paul MN 55075

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

Name of Employer Occupation
AFSCME MN CN 5/CN14 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 332.54

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.125121

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional)

121.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JERRY SERFLING	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 2388 Hidden Valley Lane	Transaction ID: SA11AI.126055
	City State Zip Code Stillwater MN 55082	Amount of Each Receipt this Period 76.70
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/CN14 ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 227.68	

B.	Full Name (Last, First, Middle Initial) JERRY SERFLING	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 2388 Hidden Valley Lane	Transaction ID: SA11AI.126129
	City State Zip Code Stillwater MN 55082	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME MN CN 5/CN14 ASSISTANT DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 242.68	

C.	Full Name (Last, First, Middle Initial) MICHELLE A. SFORZA	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 415 U Street, NW	Transaction ID: SA11AI.125245
	City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 44.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASST. DIRECTOR, STRATEGIC AFFAIRS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 222.10	

SUBTOTAL of Receipts This Page (optional)	▶	136.12
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 115 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHELLE A. SFORZA
 Mailing Address **415 U Street, NW**
 City **Washington** State **DC** Zip Code **20001**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125387
 Amount of Each Receipt this Period **44.42**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASST. DIRECTOR, STRATEGIC AFFAIRS**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **266.52**

B. Full Name (Last, First, Middle Initial)
DOMINIC SGRO
 Mailing Address **144 Stormer Road**
 City **Indiana** State **PA** Zip Code **15701-0144**
 Date of Receipt **03 / 11 / 2009**
Transaction ID: SA11AI.125645
 Amount of Each Receipt this Period **106.92**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME PA CN 13** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **320.76**

C. Full Name (Last, First, Middle Initial)
ANTHONY L. SIMS
 Mailing Address **6284 Shackelford Terrace**
 City **Alexandria** State **VA** Zip Code **22312**
 Date of Receipt **03 / 13 / 2009**
Transaction ID: SA11AI.125246
 Amount of Each Receipt this Period **42.08**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **205.92**

SUBTOTAL of Receipts This Page (optional) ► **193.42**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 116 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ANTHONY L. SIMS
 Mailing Address **6284 Shackelford Terrace**
 City **Alexandria** State **VA** Zip Code **22312**
 Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125388
 Amount of Each Receipt this Period **42.08**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **248.00**

B. Full Name (Last, First, Middle Initial)
ROBERTA J. SKOK
 Mailing Address **775 Township Road #2204**
 City **Perrysville** State **OH** Zip Code **44864**
 Date of Receipt **03 / 04 / 2009**
Transaction ID: SA11AI.125734
 Amount of Each Receipt this Period **84.76**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME OH CN 8** Occupation **STAFF REPRESENTATIVE**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **254.28**

C. Full Name (Last, First, Middle Initial)
BETTY SMITH
 Mailing Address **600 West Lafayette Suite 500**
 City **Detroit** State **MI** Zip Code **48226**
 Date of Receipt **03 / 24 / 2009**
Transaction ID: SA11AI.125493
 Amount of Each Receipt this Period **87.66**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **AFSCME MI CN 25** Occupation **ASSISTANT TO THE PRESIDENT**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date **250.81**

SUBTOTAL of Receipts This Page (optional) ► **214.50**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER SMUDDE	Date of Receipt MM / DD / YYYY 03 / 03 / 2009
	Mailing Address 1821 Clearview Drive	Transaction ID: SA11AI.125979
	City State Zip Code Springfield IL 62704	Amount of Each Receipt this Period 69.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME IL CN 31 MIS SPECIALIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.40	

B.	Full Name (Last, First, Middle Initial) SHARON SOBER	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 212 5th Street	Transaction ID: SA11AI.125649
	City State Zip Code Catawissa PA 17820	Amount of Each Receipt this Period 106.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.76	

C.	Full Name (Last, First, Middle Initial) DARRIN SPANN	Date of Receipt MM / DD / YYYY 03 / 11 / 2009
	Mailing Address 6130 Springford Drive #C6	Transaction ID: SA11AI.125650
	City State Zip Code Harrisburg PA 17111	Amount of Each Receipt this Period 88.18
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME PA CN 13 STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.62	

SUBTOTAL of Receipts This Page (optional)	264.24
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) LARRY SPIVACK		Date of Receipt MM / DD / YYYY 03 / 03 / 2009
Mailing Address 733 S. Lombard Avenue		Transaction ID: SA11AI.125980
City Oak Park	State IL	Zip Code 60304-1607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 78.86
Name of Employer AFSCME IL CN 31	Occupation COLLECTIVE BARGAINING SUPERVISOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.28	

B.

Full Name (Last, First, Middle Initial) KAMALA B. SRIKAR		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 9908 Colebrook Avenue		Transaction ID: SA11AI.125247
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.23
Name of Employer AFSCME INT'L	Occupation MANAGER, CONFERENCE & TRAVEL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 211.55	

C.

Full Name (Last, First, Middle Initial) KAMALA B. SRIKAR		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 9908 Colebrook Avenue		Transaction ID: SA11AI.125389
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 43.23
Name of Employer AFSCME INT'L	Occupation MANAGER, CONFERENCE & TRAVEL SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.78	

SUBTOTAL of Receipts This Page (optional)	▶	165.32
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 119 / 188
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MARIANNE STEGER		Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Mailing Address 2930 Woodson Drive		Transaction ID: SA11AI.125736
City Hilliard	State OH	Zip Code 43026-1925
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 86.64
Name of Employer AFSCME OH CN 8	Occupation DIRECTOR OF ADMINISTRATIVE SERVICES	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 259.92	

B.

Full Name (Last, First, Middle Initial) TIMOTHY J. STRECKER		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 1603 E Street, SE		Transaction ID: SA11AI.125249
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.88
Name of Employer AFSCME INT'L	Occupation PROJECT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.40	

C.

Full Name (Last, First, Middle Initial) TIMOTHY J. STRECKER		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 1603 E Street, SE		Transaction ID: SA11AI.125391
City Washington	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.88
Name of Employer AFSCME INT'L	Occupation PROJECT MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.28	

SUBTOTAL of Receipts This Page (optional)	180.40
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 188
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) MICHAEL E. SUKAL		Date of Receipt MM / DD / YYYY 03 / 13 / 2009
Mailing Address 852 Darlington Drive		Transaction ID: SA11AI.125251
City Avon	State IN	Zip Code 46123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.96
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 264.80	

B.

Full Name (Last, First, Middle Initial) MICHAEL E. SUKAL		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
Mailing Address 852 Darlington Drive		Transaction ID: SA11AI.125393
City Avon	State IN	Zip Code 46123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.96
Name of Employer AFSCME INT'L	Occupation ASSISTANT TO REGIONAL DIRECTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 317.76	

C.

Full Name (Last, First, Middle Initial) MARY E. SULLIVAN		Date of Receipt MM / DD / YYYY 03 / 04 / 2009
Mailing Address 61 Woodside Drive		Transaction ID: SA11AI.125676
City Albany	State NY	Zip Code 12208-1157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer AFSCME NY LOC 1000	Occupation STAFF REPRESENTATIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.92
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 121 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN
 Mailing Address 61 Woodside Drive
 City Albany State NY Zip Code 12208-1157
 Date of Receipt 03 / 17 / 2009
 Transaction ID: SA11AI.125677
 Amount of Each Receipt this Period 15.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 290.00

B. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN
 Mailing Address 61 Woodside Drive
 City Albany State NY Zip Code 12208-1157
 Date of Receipt 03 / 31 / 2009
 Transaction ID: SA11AI.125122
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 390.00

C. Full Name (Last, First, Middle Initial)
MARY E. SULLIVAN
 Mailing Address 61 Woodside Drive
 City Albany State NY Zip Code 12208-1157
 Date of Receipt 03 / 31 / 2009
 Transaction ID: SA11AI.125678
 Amount of Each Receipt this Period 15.00
 FEC ID number of contributing federal political committee. C
 Name of Employer AFSCME NY LOC 1000 Occupation STAFF REPRESENTATIVE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 405.00

SUBTOTAL of Receipts This Page (optional) ► 130.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) YVONNE J. SYPHAX		Date of Receipt	
	Mailing Address 1625 L. Street, NW		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125252
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.08	
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.40		

B.	Full Name (Last, First, Middle Initial) YVONNE J. SYPHAX		Date of Receipt	
	Mailing Address 1625 L. Street, NW		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125394
	Washington	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		42.08	
Name of Employer AFSCME INT'L		Occupation STAFF REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.48		

C.	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART		Date of Receipt	
	Mailing Address 12001 Market Street Unit 450		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125253
	Reston	VA	20190	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		107.34	
Name of Employer AFSCME INT'L		Occupation ASSOCIATE DIRECTOR, ACCOUNTING		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 536.70		

SUBTOTAL of Receipts This Page (optional)	191.50
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) JEFFREY M. TAGGART	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 12001 Market Street Unit 450	Transaction ID: SA11AI.125395
	City Reston State VA Zip Code 20190	Amount of Each Receipt this Period 107.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 644.04	

B.	Full Name (Last, First, Middle Initial) ROBERT L. THOMPSON	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 927 Gibbs Avenue, NE	Transaction ID: SA11AI.125740
	City Canton State OH Zip Code 44705-1074	Amount of Each Receipt this Period 84.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME OH CN 8 Occupation REGIONAL DIRECTOR Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 254.28	

C.	Full Name (Last, First, Middle Initial) JOHN THORSON	Date of Receipt MM / DD / YYYY 03 / 27 / 2009
	Mailing Address 555 Selby Avenue	Transaction ID: SA11AI.126131
	City Saint Paul State MN Zip Code 55102	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer AFSCME MN CN 5/CN14 Occupation POLITICAL ACTION REPRESENTATIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 211.64	

SUBTOTAL of Receipts This Page (optional)	207.10
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 188
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) TAMARA L. TOCHER		Date of Receipt	
	Mailing Address 321 E. 19th Street		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125255
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.21	
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 201.05		

B.	Full Name (Last, First, Middle Initial) TAMARA L. TOCHER		Date of Receipt	
	Mailing Address 321 E. 19th Street		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125397
	Olympia	WA	98501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.21	
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 241.26		

C.	Full Name (Last, First, Middle Initial) LEIGH TOMLINSON		Date of Receipt	
	Mailing Address 930 Stag Thicket Lane		M M / D D / Y Y Y Y Y 03 / 24 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125497
	Mason	MI	48854-1400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		101.11	
Name of Employer AFSCME MI CN 25		Occupation ACCTG. /HUMAN RESOURCE DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.78		

SUBTOTAL of Receipts This Page (optional)	181.53
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DOROTHY TOWNSEND		Date of Receipt
	Mailing Address 6837 SW 39th Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	Miramar	FL	33023
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125256
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 216.16	<input type="text"/> 43.23

B.	Full Name (Last, First, Middle Initial) DOROTHY TOWNSEND		Date of Receipt
	Mailing Address 6837 SW 39th Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 31 / 2009
	City	State	Zip Code
	Miramar	FL	33023
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125398
Name of Employer AFSCME INT'L		Occupation AREA FIELD SERVICES DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 259.39	<input type="text"/> 43.23

C.	Full Name (Last, First, Middle Initial) ALDO E. VENNETILLI		Date of Receipt
	Mailing Address 1087 Country Coach Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 13 / 2009
	City	State	Zip Code
	Henderson	NV	89002
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125258
Name of Employer AFSCME INT'L		Occupation INTERNATIONAL UNION REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 301.55	<input type="text"/> 60.31

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 146.77
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ALDO E. VENNETILLI		Date of Receipt	
	Mailing Address 1087 Country Coach Drive		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125400
	Henderson	NV	89002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		60.31	
Name of Employer AFSCME INT'L		Occupation INTERNATIONAL UNION REPRESENTATIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 361.86		

B.	Full Name (Last, First, Middle Initial) FLORA M. WALKER		Date of Receipt	
	Mailing Address 2492 Ram Crossingway		M M / D D / Y Y Y Y Y 03 / 13 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125259
	Henderson	NV	89074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		59.00	
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 295.00		

C.	Full Name (Last, First, Middle Initial) FLORA M. WALKER		Date of Receipt	
	Mailing Address 2492 Ram Crossingway		M M / D D / Y Y Y Y Y 03 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.125401
	Henderson	NV	89074	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		59.00	
Name of Employer AFSCME INT'L		Occupation REGIONAL DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 354.00		

SUBTOTAL of Receipts This Page (optional)	178.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID WARRICK		Date of Receipt
	Mailing Address 2638 Jay Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2009
	City	State	Zip Code
	Indianapolis	IN	46229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125750
Name of Employer AFSCME IN CN 62		Occupation UNION DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	<input type="text"/> 60.00

B.	Full Name (Last, First, Middle Initial) DAVID WARRICK		Date of Receipt
	Mailing Address 2638 Jay Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Indianapolis	IN	46229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125123
Name of Employer AFSCME IN CN 62		Occupation UNION DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 330.00	<input type="text"/> 70.00

C.	Full Name (Last, First, Middle Initial) FRANK W. WASHINGTON		Date of Receipt
	Mailing Address 1713 Crimson Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Mitchellville	MD	20721
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125402
Name of Employer AFSCME INT'L		Occupation SPECIAL AIDE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 220.83	<input type="text"/> 43.03

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 173.03
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 128 / 188
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) LONITAM. WAYBRIGHT		Date of Receipt
	Mailing Address 3008 Athens Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 13 / 2009
	City	State	Zip Code
	Bowie	MD	20716
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125261
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, BENEFITS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 371.15	<input type="text"/> 74.23

B.	Full Name (Last, First, Middle Initial) LONITAM. WAYBRIGHT		Date of Receipt
	Mailing Address 3008 Athens Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 31 / 2009
	City	State	Zip Code
	Bowie	MD	20716
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125403
Name of Employer AFSCME INT'L		Occupation ASSISTANT DIRECTOR, BENEFITS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 445.38	<input type="text"/> 74.23

C.	Full Name (Last, First, Middle Initial) JOANNA L. WEBB-GAUVIN		Date of Receipt
	Mailing Address 1200 W. Lawrence #12		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2009
	City	State	Zip Code
	Springfield	IL	62704
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125986
Name of Employer AFSCME IL CN 31		Occupation RETIREE PROGRAMS DIRECTOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.40	<input type="text"/> 69.14

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 217.60
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 188 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<p>A. Full Name (Last, First, Middle Initial) BRIAN V. WEEKS</p> <p>Mailing Address 8033 Exceisor Drive Apt. A</p> <p>City Madison State WI Zip Code 53717</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 216.15</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.125262</p> <p>Amount of Each Receipt this Period 43.23</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) BRIAN V. WEEKS</p> <p>Mailing Address 8033 Exceisor Drive Apt. A</p> <p>City Madison State WI Zip Code 53717</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation POLITICAL ACTION COORDINATOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 259.38</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.125404</p> <p>Amount of Each Receipt this Period 43.23</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) LARRY P. WEINBERG</p> <p>Mailing Address 1730 Chesterford Way</p> <p>City McLean State VA Zip Code 22101</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AFSCME INT'L Occupation GENERAL COUNSEL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 449.35</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.125263</p> <p>Amount of Each Receipt this Period 89.87</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	3		2	0	0	9												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>176.33</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 188
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
LARRY P. WEINBERG

Mailing Address **1730 Chesterford Way**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer **AFSCME INT'L** Occupation **GENERAL COUNSEL**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **539.22**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125405
 Amount of Each Receipt this Period **89.87**

B. Full Name (Last, First, Middle Initial)
SUSAN R. WELSH

Mailing Address **4909 Rees Lane**

City **Bowie** State **MD** Zip Code **20715**

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

Name of Employer **AFSCME INT'L** Occupation **STAFF REPRESENTATIVE**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.00**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125406
 Amount of Each Receipt this Period **41.20**

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

Mailing Address **4678 West Road**

City **Moose Lake** State **MN** Zip Code **55767**

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

Name of Employer **AFSCME MN CN 5/CN14** Occupation **BUSINESS AGENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.80**

Date of Receipt **03 / 10 / 2009**
Transaction ID: SA11AI.126059
 Amount of Each Receipt this Period **70.00**

SUBTOTAL of Receipts This Page (optional) ► **201.07**

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

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

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

FOR LINE NUMBER: PAGE 131 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City Morral State OH Zip Code 43337

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

Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2009
Transaction ID: SA11AI.124800
 Amount of Each Receipt this Period: 50.00

B. Full Name (Last, First, Middle Initial)
JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City Morral State OH Zip Code 43337

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

Name of Employer AFSCME OH LOC 4 Occupation ASSOCIATE DIRECTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2009
Transaction ID: SA11AI.125558
 Amount of Each Receipt this Period: 50.00

C. Full Name (Last, First, Middle Initial)
DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City Lansing State MI Zip Code 48917

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

Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 222.02

Date of Receipt: 03 / 24 / 2009
Transaction ID: SA11AI.125499
 Amount of Each Receipt this Period: 77.46

SUBTOTAL of Receipts This Page (optional) ► 177.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM WILKINSON	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 5272 Bradgen Court	Transaction ID: SA11AI.125266
	City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period 46.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.40	

B.	Full Name (Last, First, Middle Initial) WILLIAM WILKINSON	Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2009
	Mailing Address 5272 Bradgen Court	Transaction ID: SA11AI.125408
	City State Zip Code Springfield VA 22151	Amount of Each Receipt this Period 46.88
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L ASSISTANT DIRECTOR, RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 281.28	

C.	Full Name (Last, First, Middle Initial) MICHAEL B. WILLIAMS	Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2009
	Mailing Address 6800 Fleetwood Rd. Apt. #1118	Transaction ID: SA11AI.125267
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 43.08
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation AFSCME INT'L SPECIAL ASST. TO SECRY-TREASURER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.40	

SUBTOTAL of Receipts This Page (optional)	▶	136.84
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 133 / 188
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
MICHAEL B. WILLIAMS

Mailing Address **6800 Fleetwood Rd.
Apt. #1118**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer **AFSCME INT'L** Occupation **SPECIAL ASST. TO SECRY-TREASURER**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **258.48**

Date of Receipt **03 / 31 / 2009**
Transaction ID: SA11AI.125409

Amount of Each Receipt this Period **43.08**

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

Mailing Address **16218 Braile**

City **Detroit** State **MI** Zip Code **48219-4727**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.25**

Date of Receipt **03 / 04 / 2009**
Transaction ID: SA11AI.125456

Amount of Each Receipt this Period **41.25**

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

Mailing Address **16218 Braile**

City **Detroit** State **MI** Zip Code **48219-4727**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.50**

Date of Receipt **03 / 24 / 2009**
Transaction ID: SA11AI.125501

Amount of Each Receipt this Period **41.25**

SUBTOTAL of Receipts This Page (optional) **125.58**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 134 / 188
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 JOSEPH T. WILSON
 Mailing Address 2233 Byron Street
 City State Zip Code
 Berkeley CA 94702
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 31 / 2009
Transaction ID: SA11AI.125410
 Amount of Each Receipt this Period
 42.08
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.40

B. Full Name (Last, First, Middle Initial)
 ALLAN WINEY
 Mailing Address 765 Mount Airy Road
 City State Zip Code
 Lewisburg PA 17339
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 11 / 2009
Transaction ID: SA11AI.125662
 Amount of Each Receipt this Period
 98.34
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME PA CN 13 ASSISTANT BUSINESS MANAGER
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 291.10

C. Full Name (Last, First, Middle Initial)
 MARY BETH WISHON
 Mailing Address 6805 Oak Creek Drive
 City State Zip Code
 Columbus OH 43229
 Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2009
Transaction ID: SA11AI.125560
 Amount of Each Receipt this Period
 38.50
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME OH LOC 4 STAFF REPRESENTATIVE
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 231.00

SUBTOTAL of Receipts This Page (optional) ► **178.92**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 / 188
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ARTHUR WOOD		Date of Receipt
	Mailing Address 31062 Birchwood		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 24 / 2009
	City	State	Zip Code
	Westland	MI	48185
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125502
Name of Employer AFSCME MI CN 25		Occupation STAFF REPRESENTATIVE	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.42	76.54

B.	Full Name (Last, First, Middle Initial) DOUGLAS N. WOODSON		Date of Receipt
	Mailing Address 108 Elgin Apt. 1		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 03 / 2009
	City	State	Zip Code
	Forest Park	IL	60130
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.125989
Name of Employer AFSCME IL CN 31		Occupation ORGANIZER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 205.92	68.64

C.	Full Name (Last, First, Middle Initial) PETER WRIGHT		Date of Receipt
	Mailing Address 28 Washington Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	Marblehead	MA	01945-0000
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.126094
Name of Employer AFSCME MA CN 93		Occupation DIRECTOR POLITICAL ACTION & LEGIS.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 222.42	74.14

SUBTOTAL of Receipts This Page (optional)	219.32
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 188
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)
PETER WRIGHT

Mailing Address 28 Washington Street

City State Zip Code
Marblehead MA 01945-0000

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

Name of Employer Occupation
AFSCME MA CN 93 DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
296.56

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2009

Transaction ID: SA11AI.126112

Amount of Each Receipt this Period
74.14

SUBTOTAL of Receipts This Page (optional)	▶	74.14
TOTAL This Period (last page this line number only)	▶	26073.11

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 137 / 188
(check only one)

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

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

A.

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

Mailing Address 275 7th Avenue

City State Zip Code
New York NY 10001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1182.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	9

Transaction ID: SA17.125095

Amount of Each Receipt this Period
391.49

Interest income 3/31/2009

SUBTOTAL of Receipts This Page (optional)	▶	391.49
TOTAL This Period (last page this line number only)	▶	391.49

**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 138 / 188

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) AFSCME INTERNATIONAL <hr/> Mailing Address 1625 L Street NW <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement Salary Expense Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.125086 Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2009
	Amount of Each Disbursement this Period 320.28
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) AMALGAMATED BANK <hr/> Mailing Address 275 7th Avenue <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Bank Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.125080 Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2009
	Amount of Each Disbursement this Period 20.00
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMALGAMATED BANK <hr/> Mailing Address 275 7th Avenue <hr/> City New York State NY Zip Code 10001 <hr/> Purpose of Disbursement Interest payment 3/31/2009 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.124942 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009
	Amount of Each Disbursement this Period 11728.09
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12068.37

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 139 / 188

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	Transaction ID: SB21B.125081 Date of Disbursement 03 / 05 / 2009
	Mailing Address P.O. Box 53852	Amount of Each Disbursement this Period 1.30
	City Phoenix State AZ Zip Code 85072-3852	001 Category/ Type
	Purpose of Disbursement Mechant Service Charges 3/5/09 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BART GROUP	Transaction ID: SB21B.125082 Date of Disbursement 03 / 04 / 2009
	Mailing Address 171 Main Street	Amount of Each Disbursement this Period 83.14
	City Port Washington State NY Zip Code 11050	001 Category/ Type
	Purpose of Disbursement Mechant Service Charges 3/4/09 Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DC TREASURER	Transaction ID: SB21B.125090 Date of Disbursement 03 / 12 / 2009
	Mailing Address P.O. Box 679	Amount of Each Disbursement this Period 444.00
	City Washington State DC Zip Code 20044-0679	001 Category/ Type
	Purpose of Disbursement Income Taxes Paid Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

528.44

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DISCOVER NETWORK <hr/> Mailing Address P.O. Box 3016 <hr/> City New Albany State OH Zip Code 43054 <hr/> Purpose of Disbursement Mechant Service Charges 3/3/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.125083 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1.11
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DISCOVER NETWORK <hr/> Mailing Address P.O. Box 3016 <hr/> City New Albany State OH Zip Code 43054 <hr/> Purpose of Disbursement Mechant Service Charges 3/13/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.125085 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 3.66
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DISCOVER NETWORK <hr/> Mailing Address P.O. Box 3016 <hr/> City New Albany State OH Zip Code 43054 <hr/> Purpose of Disbursement Mechant Service Charges 3/31/09 Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.125096 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 0.28
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5.05

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 141 / 188

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

US TREASURY

Mailing Address Internal Revenue Service Center

City Ogden State UT Zip Code 84201-0027

Purpose of Disbursement
Income Taxes Paid

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.125091

Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

1387.00

SUBTOTAL of Disbursements This Page (optional)

1387.00

TOTAL This Period (last page this line number only)

13988.86

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.124003 Date of Disbursement																			
	Mailing Address 1625 L Street NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	2		2	0	0	9												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<table border="1"><tr><td>30000.00</td></tr></table>	30000.00																		
30000.00																					
	Candidate Name	008 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.124974 Date of Disbursement																			
	Mailing Address 1625 L Street NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	9												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00																		
4000.00																					
	Candidate Name	008 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	Transaction ID: SB22.124975 Date of Disbursement																			
	Mailing Address 1625 L Street NW	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
	City Washington State DC Zip Code 20036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Tfr non-fed acct for non-fed activity	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Candidate Name	008 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>37000.00</td></tr></table>	37000.00
37000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td>37000.00</td></tr></table>	37000.00
37000.00		

**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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ADAM SMITH FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 23626 <hr/> City State Zip Code Federal Way WA 98093 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125013 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS <hr/> Mailing Address 14 Knightswood Drive <hr/> City State Zip Code Marlton NJ 08053 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125068 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN <hr/> Mailing Address 236 Massachusetts Avenue N.E. Suite 202 <hr/> City State Zip Code Washington DC 20002 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124964 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS <hr/> Mailing Address P.O. Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124987 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BARON HILL FOR CONGRESS <hr/> Mailing Address 122 W 2nd Street <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125033 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BECERRA FOR CONGRESS <hr/> Mailing Address P.O. Box 261060 <hr/> City Los Angeles State CA Zip Code 90026 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125019 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) BILL FOSTER FOR CONGRESS	Transaction ID: SB23.125032 Date of Disbursement 03 / 19 / 2009	
	Mailing Address P.O. Box 703		
	City Geneva State IL Zip Code 60134	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: IL District: 14	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BLUE DOG PAC	Transaction ID: SB23.124951 Date of Disbursement 03 / 19 / 2009	
	Mailing Address 236 Mass. Ave., NE Suite 508		
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009	
	State: District: PAC	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS	Transaction ID: SB23.125023 Date of Disbursement 03 / 19 / 2009	
	Mailing Address P.O. Box 127868		
	City San Diego State CA Zip Code 92112-0000	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: CA District: 51	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Transaction ID: SB23.125030

Date of Disbursement

Mailing Address P.O. Box 6220

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

City State Zip Code
Des Moines IA 50309

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 03

B.

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

Transaction ID: SB23.125028

Date of Disbursement

Mailing Address P. O. BOX 390

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

City State Zip Code
Waterloo IA 50704

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IA District: 01

C.

Full Name (Last, First, Middle Initial)
BRIAN HIGGINS FOR CONGRESS

Transaction ID: SB23.125073

Date of Disbursement

Mailing Address P.O. Box 28

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City State Zip Code
Buffalo NY 14220

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 27

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) BRIAN HIGGINS FOR CONGRESS</p> <p>Mailing Address P.O. Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement Contribution-voided ck from prior report</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 27</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125667</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) BRIDGE PAC</p> <p>Mailing Address 499 S. Capitol Street SW Suite 412</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District: PAC</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.124950</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS</p> <p>Mailing Address 729 15th St., NW Suite 300</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125000</p> <p>Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) CAROL SHEA-PORTER FOR CONGRESS</p> <p>Mailing Address P.O. Box 453</p> <p>City Rochester State NH Zip Code 03866-0000</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125065 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) CIRO D. RODRIGUEZ FOR CONGRESS</p> <p>Mailing Address 246 W. Harding Blvd.</p> <p>City San Antonio State TX Zip Code 78214</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125009 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE</p> <p>Mailing Address P.O. Box 1776</p> <p>City Freedom State PA Zip Code 15042</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.124998 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) CLARKE FOR CONGRESS <hr/> Mailing Address 504 Flatbush Avenue <hr/> City Brooklyn State NY Zip Code 11225 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124982 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT ALAN GRAYSON <hr/> Mailing Address P.O. Box 532074 <hr/> City Orlando State FL Zip Code 32853 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125062 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT GARY L. ACKERMAN <hr/> Mailing Address 100 Jericho Quadrangle #233 <hr/> City Jericho State NY Zip Code 11753 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124979 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HARRY MITCHELL	Transaction ID: SB23.125056 Date of Disbursement 03 / 27 / 2009	
	Mailing Address P.O. Box 23748		
	City Tempe State AZ Zip Code 85285	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: AZ District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT HENRY HANK JOHNSON	Transaction ID: SB23.125026 Date of Disbursement 03 / 19 / 2009	
	Mailing Address 5240 Snapfinger Park Drive Suite 140		
	City Decatur State GA Zip Code 30035	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: GA District: 04	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT LINCOLN DAVIS	Transaction ID: SB23.125003 Date of Disbursement 03 / 19 / 2009	
	Mailing Address P.O. Box 87		
	City Mc Minnville State TN Zip Code 37111	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011 Category/ Type	
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: TN District: 04	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT ED TOWNS	Transaction ID: SB23.124981
	Mailing Address 438 Lewis Avenue	Date of Disbursement 03 / 19 / 2009
	City Brooklyn State NY Zip Code 11233	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ	Transaction ID: SB23.125022
	Mailing Address 604 S. Harbor Blvd.	Date of Disbursement 03 / 19 / 2009
	City Santa Ana State CA Zip Code 92704	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DAVID SCOTT FOR CONGRESS	Transaction ID: SB23.125027
	Mailing Address 225 Peachtree Street, NE	Date of Disbursement 03 / 19 / 2009
	City Atlanta State GA Zip Code 30303	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</p> <p>Mailing Address P.O. Box 71147</p> <p>City Washington State DC Zip Code 20024</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125051 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) DOGGETT FOR US CONGRESS</p> <p>Mailing Address P.O. Box 5843</p> <p>City Austin State TX Zip Code 78763</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125010 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) DONNELLY FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 1961</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125048 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.

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

Mailing Address 3741 Glenmore Ave.

City Cincinnati State OH Zip Code 45211

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: OH District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.124990
Date of Disbursement: 03 / 19 / 2009

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

B.

Full Name (Last, First, Middle Initial)
DUTCH RUPPERSBERGER FOR CONGRESS COMMITTEE

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: MD District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125040
Date of Disbursement: 03 / 19 / 2009

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

C.

Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement Contribution
Candidate Name

Office Sought: House Senate President
State: ND District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125046
Date of Disbursement: 03 / 19 / 2009

Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

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)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) ELLEN TAUSCHER FOR CONGRESS</p> <p>Mailing Address P.O. Box 1285</p> <p>City Alamo State CA Zip Code 94507</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125016 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) FATTAH FOR CONGRESS</p> <p>Mailing Address P.O. Box 30743</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.124996 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE</p> <p>Mailing Address P.O. Box 620062</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.124961 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID <hr/> Mailing Address 1325 E. Vegas Valley Drive Suite C <hr/> City Las Vegas State NV Zip Code 89109 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.124955 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID <hr/> Mailing Address 1325 E. Vegas Valley Drive Suite C <hr/> City Las Vegas State NV Zip Code 89109 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.124956 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON <hr/> Mailing Address 236 Massachusetts Ave., NE Suite 508 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125045 Date of Disbursement MM / DD / YYYY 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BYRON DORGAN

Mailing Address P.O. Box 871

City Bismarck State ND Zip Code 58502-9915

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: ND District: 00
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.124963
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN TIM HOLDEN

Mailing Address 729 15th St., NW
3rd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: PA District: 17
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125001
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF DAN MAFFEI

Mailing Address 628 S. Main Street

City Syracuse State NY Zip Code 13212

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House Senate President
State: NY District: 25
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125074
Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) FRIENDS OF GLENN NYE <hr/> Mailing Address P.O. Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125012 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN <hr/> Mailing Address P.O. Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125049 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FRIENDS OF JIM LANGEVIN <hr/> Mailing Address P.O. Box 8378 <hr/> City Warwick State RI Zip Code 02888 <hr/> Purpose of Disbursement Contribution-voided ck from prior report Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125669 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period -1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.125053 Date of Disbursement 03 / 19 / 2009
	Mailing Address 222 West First Street	Amount of Each Disbursement this Period 2500.00
	City Duluth State MN Zip Code 55802	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE BACA	Transaction ID: SB23.125020 Date of Disbursement 03 / 19 / 2009
	Mailing Address 555 Capitol Mall Suite 1425	Amount of Each Disbursement this Period 1000.00
	City Sacramento State CA Zip Code 95814-0000	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 43	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) FRIENDS OF PHIL HARE	Transaction ID: SB23.125055 Date of Disbursement 03 / 19 / 2009
	Mailing Address 313 17th Street	Amount of Each Disbursement this Period 5000.00
	City Rock Island State IL Zip Code 61204	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF SCHUMER

Transaction ID: SB23.124958

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Mailing Address 60 Madison Avenue
Suite 1026

Amount of Each Disbursement this Period

2500.00

City New York State NY Zip Code 10010

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 00

B.

Full Name (Last, First, Middle Initial)

GAY & LESBIAN VICTORY FUND

Transaction ID: SB23.124952

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

Mailing Address P.O. Box 96308

Amount of Each Disbursement this Period

2500.00

City Washington State DC Zip Code 20077-7529

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: District: PAC

C.

Full Name (Last, First, Middle Initial)

GERRY CONNOLLY FOR CONGRESS

Transaction ID: SB23.125054

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Mailing Address P.O. Box 563

Amount of Each Disbursement this Period

5000.00

City Merrifield State VA Zip Code 22116

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 11

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS <hr/> Mailing Address P. O. BOX 27565 <hr/> City Tucson State AZ Zip Code 85726 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125057 Date of Disbursement 03 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
B. Full Name (Last, First, Middle Initial) HARRY TEAGUE FOR CONGRESS <hr/> Mailing Address 139 N. Downtown Mall <hr/> City Las Cruces State NM Zip Code 88001 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125071 Date of Disbursement 03 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011
C. Full Name (Last, First, Middle Initial) HASTINGS FOR CONGRESS <hr/> Mailing Address P.O. Box 100277 <hr/> City Fort Lauderdale State FL Zip Code 33310 <hr/> Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125025 Date of Disbursement 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 011

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) HODES FOR SENATE Mailing Address 26 South Main Street Suite 253 City Concord State NH Zip Code 03301 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124973 Date of Disbursement 03 / 27 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 7905 Malcolm Road Suite 102 City Clinton State MD Zip Code 20735-0000 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125052 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) ISRAEL FOR CONGRESS Mailing Address P.O. Box 777 City Deer Park State NY Zip Code 11729 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124978 Date of Disbursement 03 / 19 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	6000.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.125024 Date of Disbursement 03 / 19 / 2009	
	Mailing Address 65 High Ridge Road		
	City Stamford State CT Zip Code 06905-0000	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: CT District: 04		
B.	Full Name (Last, First, Middle Initial) JOHN BOCCIERI FOR CONGRESS	Transaction ID: SB23.124993 Date of Disbursement 03 / 19 / 2009	
	Mailing Address P.O. Box 3016		
	City Alliance State OH Zip Code 44601	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District: 16		
C.	Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS	Transaction ID: SB23.124985 Date of Disbursement 03 / 19 / 2009	
	Mailing Address P.O. Box 274		
	City Hopewell Junction State NY Zip Code 12533	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution	011	Category/ Type
	Candidate Name		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 19		

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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) KAGEN FOR CONGRESS	Transaction ID: SB23.125014 Date of Disbursement 03 / 19 / 2009
	Mailing Address 100 W. College Ave. Suite 50D	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) KATHY DAHLKEMPER FOR CONGRESS	Transaction ID: SB23.124997 Date of Disbursement 03 / 19 / 2009
	Mailing Address 1921 W. 8th Street	Amount of Each Disbursement this Period 1000.00
	City Erie State PA Zip Code 16505	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) KENDRICK MEEK FOR FLORIDA	Transaction ID: SB23.124971 Date of Disbursement 03 / 26 / 2009
	Mailing Address 111 NW 183rd Street Suite 325	Amount of Each Disbursement this Period 5000.00
	City Miami Gardens State FL Zip Code 33169	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
KILPATRICK FOR UNITED STATES CONGRESS

Mailing Address P.O. Box 32175

City Detroit State MI Zip Code 48232

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MI District: 13

Transaction ID: SB23.125044
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

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

Mailing Address 271 East State Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.124992
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
KIRKPATRICK FOR ARIZONA

Mailing Address 141 S. McCormick St.

City Prescott State AZ Zip Code 86303

Purpose of Disbursement Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB23.125015
Date of Disbursement

03 / 19 / 2009

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)

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

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

A.	Full Name (Last, First, Middle Initial) KISSELL FOR CONGRESS	Transaction ID: SB23.125063 Date of Disbursement 03 / 27 / 2009
	Mailing Address 106 E. Main Street	Amount of Each Disbursement this Period 1000.00
	City Biscoe State NC Zip Code 27209	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KOSMAS FOR CONGRESS	Transaction ID: SB23.125064 Date of Disbursement 03 / 27 / 2009
	Mailing Address 920 3rd Ave.	Amount of Each Disbursement this Period 1000.00
	City New Smyrna Beach State FL Zip Code 32170	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KRATOVIL FOR CONGRESS	Transaction ID: SB23.125039 Date of Disbursement 03 / 19 / 2009
	Mailing Address 222 Main Sail Drive	Amount of Each Disbursement this Period 1000.00
	City Stevensville State MD Zip Code 21666	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) KURT SCHRADER FOR CONGRESS <hr/> Mailing Address 2525 N. Baker Drive <hr/> City Canby State OR Zip Code 97013 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124995 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) LANGEVIN FOR CONGRESS <hr/> Mailing Address 181-A Knight Street <hr/> City Warwick State RI Zip Code 02886-0000 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125079 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) LAURA RICHARDSON FOR CONGRESS <hr/> Mailing Address P.O. Box 50080 <hr/> City Long Beach State CA Zip Code 90815 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 37 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125060 Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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

A. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS Mailing Address 230 North Avenue City Mount Clemens State MI Zip Code 48043 Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125043 Date of Disbursement 03 / 19 / 2009
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

B. Full Name (Last, First, Middle Initial) LOEBSACK FOR CONGRESS Mailing Address P.O. Box 1457 City Iowa City State IA Zip Code 52244 Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125029 Date of Disbursement 03 / 19 / 2009
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C. Full Name (Last, First, Middle Initial) LOFGREN FOR CONGRESS Mailing Address P.O. Box 55804 City Sherman Oaks State CA Zip Code 91413 Purpose of Disbursement Contribution Candidate Name	Transaction ID: SB23.125018 Date of Disbursement 03 / 19 / 2009
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) MALONEY FOR CONGRESS	Transaction ID: SB23.124983 Date of Disbursement 03 / 19 / 2009	
	Mailing Address 24 East 93rd Street Suite 1B		
	City New York State NY Zip Code 10128	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) MARCIA L. FUDGE FOR CONGRESS COMMITTEE	Transaction ID: SB23.124991 Date of Disbursement 03 / 19 / 2009	
	Mailing Address 3645 Warrensville Center Road Suite 331		
	City Beachwood State OH Zip Code 44122	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MARKEY FOR CONGRESS	Transaction ID: SB23.125061 Date of Disbursement 03 / 27 / 2009	
	Mailing Address P.O. Box 1333		
	City Fort Collins State CO Zip Code 80522-1333	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name	011 Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
MARTIN HEINRICH FOR CONGRESS

Transaction ID: SB23.125070
Date of Disbursement

Mailing Address 2118 Central Ave., SE
#71

/ /

City Albuquerque State NM Zip Code 87106

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

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

Transaction ID: SB23.124988
Date of Disbursement

Mailing Address 60 East Market Street,
Suite 244

/ /

City Corning State NY Zip Code 14830

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

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

Transaction ID: SB23.125011
Date of Disbursement

Mailing Address P.O. Box 521048

/ /

City Salt Lake City State UT Zip Code 84152

Amount of Each Disbursement this Period

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS <hr/> Mailing Address P.O. Box 1738 <hr/> City Sacramento State CA Zip Code 95812 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125058 Date of Disbursement 03 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) MCMAHON FOR CONGRESS <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125075 Date of Disbursement 03 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) MCNERNEY FOR CONGRESS COMMITTEE <hr/> Mailing Address P.O. Box 12022 <hr/> City Pleasanton State CA Zip Code 94588 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 11 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125017 Date of Disbursement 03 / 19 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type

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)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240-0000

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ME District: 02

Transaction ID: SB23.125041
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MIKULSKI FOR SENATE COMMITTEE

Mailing Address P.O. Box 13147

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MD District: 00

Transaction ID: SB23.124962
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
NADLER FOR CONGRESS INC.

Mailing Address Village Station
P.O. Box 40

City New York State NY Zip Code 10014

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District: 08

Transaction ID: SB23.124980
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) NANCY PELOSI FOR CONGRESS</p> <p>Mailing Address 235 Montgomery St., Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125078 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) NAPOLITANO FOR CONGRESS</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 38</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125059 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) PAC FOR A CHANGE</p> <p>Mailing Address 777 S. Figueroa St. Suite 4050</p> <p>City Los Angeles State CA Zip Code 90017</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: PAC</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.124953 Date of Disbursement 03 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS <hr/> Mailing Address P.O. Box 3176 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125047 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS INC. <hr/> Mailing Address P.O. Box 640 <hr/> City Totowa State NJ Zip Code 07511-0000 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124976 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PAUL TONKO FOR CONGRESS <hr/> Mailing Address 911 Central Ave. #221 <hr/> City Albany State NY Zip Code 12206-1350 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124986 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) PEOPLE FOR BEN Mailing Address 1516 Paseo de Peralta City Santa Fe State NM Zip Code 87506 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124977 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) PEOPLE FOR PATTY MURRAY Mailing Address P.O. Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124959 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9
Amount of Each Disbursement this Period 1500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) PERRIELLO FOR CONGRESS Mailing Address P. O. Box 306 City Ivy State VA Zip Code 22945 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125076 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 9
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Transaction ID: SB23.125066
Date of Disbursement

Mailing Address P.O. Box 226

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City Bloomfield Hills State MI Zip Code 48303-0226

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

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

Transaction ID: SB23.125077
Date of Disbursement

Mailing Address P.O. Box 265

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	0	9

City Detroit Lakes State MN Zip Code 56502

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: MN District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
RE-ELECT MCGOVERN COMMITTEE

Transaction ID: SB23.125037
Date of Disbursement

Mailing Address P.O. Box 60405

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	0	9

City Worcester State MA Zip Code 01606-0405

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: MA District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
ROBIN CARNAHAN FOR SENATE

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: MO District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.124972
Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

5000.00

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

Mailing Address P.O. Box 5130

City Evanston State IL Zip Code 60204

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: IL District: 09

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125031
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SCHAUER FOR CONGRESS

Mailing Address P.O. Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

State: MI District: 07

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125069
Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) SERRANO FOR CONGRESS <hr/> Mailing Address 275 Madison Avenue <hr/> City New York State NY Zip Code 10016 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124984 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) SESTAK FOR CONGRESS <hr/> Mailing Address P.O. Box 16 <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.124999 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) SHEILA JACKSON-LEE FOR CONGRESS <hr/> Mailing Address 4412 Alameda Road <hr/> City Houston State TX Zip Code 77004 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.125006 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2009
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

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)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) SPRATT FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 10986</p> <p>City Rock Hill State SC Zip Code 29731</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125002 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) STEPHEN F. LYNCH FOR CONGRESS COMMITTEE</p> <p>Mailing Address 88 Black Falcon Avenue Suite 246</p> <p>City Boston State MA Zip Code 02210-0000</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125038 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS</p> <p>Mailing Address P.O. Box 156</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.125042 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

<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

A.	Full Name (Last, First, Middle Initial) THE MESABI FUND	Transaction ID: SB23.124954 Date of Disbursement 03 / 27 / 2009
	Mailing Address P.O. Box 7853	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20044-7853	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) TITUS FOR CONGRESS	Transaction ID: SB23.125072 Date of Disbursement 03 / 27 / 2009
	Mailing Address 1210 S. Valley View Road Suite 114	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89102	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) WYDEN FOR SENATE	Transaction ID: SB23.124970 Date of Disbursement 03 / 19 / 2009
	Mailing Address P.O. Box 3498	Amount of Each Disbursement this Period 1000.00
	City Portland State OR Zip Code 97208	
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

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

Mailing Address 1815 Brownsboro Road
Suite 100

City Louisville State KY Zip Code 40206

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.125035
Date of Disbursement

03 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
ZACK SPACE FOR CONGRESS COMMITTEE

Mailing Address 714 N. Wooster Avenue

City Dover State OH Zip Code 44622

Purpose of Disbursement
Contribution

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.124994
Date of Disbursement

03 / 19 / 2009

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) ►

159500.00

**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)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City State Zip Code
New York NY 10001

Purpose of Disbursement
Loan payment 3/31/2009

Candidate Name

009
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB26.124946

Date of Disbursement

03 / 27 / 2009

Amount of Each Disbursement this Period

412382.12

SUBTOTAL of Disbursements This Page (optional) ►

412382.12

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

412382.12

SCHEDULE C (FEC Form 3X)

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

LOANS

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E
Transaction ID: SC/10.117185

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

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	1235007.28	764992.72

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 1 0 D D 0 2 Y Y Y Y 2 0 0 8	12/31/2009	6.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	764992.72
TOTALS This Period (last page in this line only)	▶	.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.		

SCHEDULE C (FEC Form 3X)

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

LOANS

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

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 10 D D 14 Y Y Y Y 2008	12/31/2009	6.00 % (apr)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	▶	3000000.00
TOTALS This Period (last page in this line only)	▶	3764992.72

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

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER ▼ C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
360 JMG, LLC

Mailing Address
718 Seventh Street, NW
Suite 310

City State Zip Code
Washington DC 20001

Purpose of Expenditure Category/Type
MAIL PIECE (NY) 006

Name of Federal Candidate supported or Opposed by expenditure:
JIM TEDISCO (NY)

Calendar Year-To-Date Per Election for Office Sought 24407.96

Date
MM / DD / YYYY
03 / 16 / 2009

Amount
24407.96

Transaction ID: SE.124845

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
360 JMG, LLC

Mailing Address
718 Seventh Street, NW
Suite 310

City State Zip Code
Washington DC 20001

Purpose of Expenditure Category/Type
MAIL PIECE (NY) 006

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought 59942.07

Date
MM / DD / YYYY
03 / 19 / 2009

Amount
24407.96

Transaction ID: SE.124860

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	48815.92
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY
Signature

Date MM / DD / YYYY
04 / 16 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
360 JMG, LLC

Mailing Address
718 Seventh Street, NW
Suite 310

City Washington	State DC	Zip Code 20001
--------------------	-------------	-------------------

Purpose of Expenditure MAIL PIECE (NY)	Category/Type 006
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought	96638.17
--	----------

Date
MM / DD / YYYY
03 / 23 / 2009

Amount
24074.40

Transaction ID: SE.124932

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
WINNING CONNECTIONS INC.

Mailing Address
317 Pennsylvania Ave., SE
2nd Floor

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Expenditure PERSUASION CALLS (NY)	Category/Type 007
---	----------------------

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought	35534.11
--	----------

Date
MM / DD / YYYY
03 / 18 / 2009

Amount
11126.15

Transaction ID: SE.124856

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	35200.55
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY
Signature

Date MM / DD / YYYY
04 / 16 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
WINNING CONNECTIONS INC.

Mailing Address
317 Pennsylvania Ave., SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
PERSUASION CALLS (NY) 007

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought 69692.87

Date
MM / DD / YYYY
03 / 19 / 2009

Amount
9750.80

Transaction ID: SE.124926
Office Sought: House State: NY
 Senate District: 20
 Presidential

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
WINNING CONNECTIONS INC.

Mailing Address
317 Pennsylvania Ave., SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
PERSUASION CALLS (NY) 007

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought 72563.77

Date
MM / DD / YYYY
03 / 20 / 2009

Amount
2870.90

Transaction ID: SE.124929
Office Sought: House State: NY
 Senate District: 20
 Presidential

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	12621.70
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY
Signature

Date
MM / DD / YYYY
04 / 16 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE	FEC IDENTIFICATION NUMBER C C00011114
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
WINNING CONNECTIONS INC.

Mailing Address
317 Pennsylvania Ave., SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
PERSUASION CALLS (NY) 007

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought
100211.17

Date
MM / DD / YYYY
03 / 25 / 2009

Amount
3573.00

Transaction ID: SE.124935

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

Check One: Support Oppose

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

Full Name (Last, First, Middle, Initial) of Payee
WINNING CONNECTIONS INC.

Mailing Address
317 Pennsylvania Ave., SE
2nd Floor

City State Zip Code
Washington DC 20003

Purpose of Expenditure Category/Type
PERSUASION CALLS (NY) 007

Name of Federal Candidate supported or Opposed by expenditure:
SCOTT MURPHY (NY)

Calendar Year-To-Date Per Election for Office Sought
105359.17

Date
MM / DD / YYYY
03 / 26 / 2009

Amount
5148.00

Transaction ID: SE.124938

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

Check One: Support Oppose

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

(a) SUBTOTAL of Itemized Independent Expenditures	8721.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

WILLIAM LUCY
Signature

Date
MM / DD / YYYY
04 / 16 / 2009

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES PEOPLE		FEC IDENTIFICATION NUMBER C C00011114	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		Date M M / D D / Y Y Y Y 03 / 27 / 2009	
Full Name (Last, First, Middle, Initial) of Payee WINNING CONNECTIONS INC.		Amount 1060.50	
Mailing Address 317 Pennsylvania Ave., SE 2nd Floor		Transaction ID: SE.124948	
City Washington	State DC	Zip Code 20003	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 20 <input type="checkbox"/> Presidential
Purpose of Expenditure PERSUASION CALLS (NY)		Category/Type 007	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate supported or Opposed by expenditure: SCOTT MURPHY (NY)		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : <input checked="" type="checkbox"/> Special-General 2009	
Calendar Year-To-Date Per Election for Office Sought		106419.67	

(a) SUBTOTAL of Itemized Independent Expenditures	1060.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	106419.67
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
WILLIAM LUCY Signature	Date M M / D D / Y Y Y Y 04 / 16 / 2009