

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="1474046.12"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1474046.12"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="572064.95"/>	<input type="text" value="572064.95"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="2046111.07"/>	<input type="text" value="2046111.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="310676.58"/>	<input type="text" value="310676.58"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1735434.49"/>	<input type="text" value="1735434.49"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="3272712.96"/>	

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: 01 / 01 / 2013 To: 01 / 31 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3551.84	3551.84
(ii) Unitemized	517127.98	517127.98
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	520679.82	520679.82
(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)	520679.82	520679.82
12. Transfers From Affiliated/Other Party Committees.....	51385.13	51385.13
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	572064.95	572064.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	572064.95	572064.95

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	13222.22	13222.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13222.22	13222.22
22. Transfers to Affiliated/Other Party Committees.....	58163.12	58163.12
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	227287.04	227287.04
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	4.20	4.20
(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)).....	4.20	4.20
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	310676.58	310676.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	310676.58	310676.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	520679.82	520679.82
34. Total Contribution Refunds (from Line 28(d))	4.20	4.20
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	520675.62	520675.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13222.22	13222.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13222.22	13222.22

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. PAUL R. BOOTH
 Full Name (Last, First, Middle Initial)
 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 ▼ 384.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.16743
 Amount of Each Receipt this Period
 192.16

B. LINDA CANAN-STEPHENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 Advantage Court
 City Burke State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation EXEC. ASSISTANT TO SECRETARY TREAS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 277.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.16751
 Amount of Each Receipt this Period
 138.56

C. GINO A. CARBENIA
 Full Name (Last, First, Middle Initial)
 Mailing Address 9253 Barcroft Dr.
 City Indianapolis State IN Zip Code 46240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME OH CN 8 Occupation International Union Representative
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11AI.16753
 Amount of Each Receipt this Period
 128.45

SUBTOTAL of Receipts This Page (optional)..... ▶ 459.17
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 7 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 303 12th Street SE

City Austin State MN Zip Code 55912-4229

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 01 / 30 / 2013
Transaction ID : SA11Al.16687

Amount of Each Receipt this Period 225.00

B. JEAN M. DIEDERICH
Full Name (Last, First, Middle Initial)

Mailing Address 4741 Grand Ave. So. No. 3

City Minneapolis State MN Zip Code 55419-5443

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

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation CHILD SUPPORT OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt 01 / 10 / 2013
Transaction ID : SA11Al.16685

Amount of Each Receipt this Period 116.00

C. JEAN M. DIEDERICH
Full Name (Last, First, Middle Initial)

Mailing Address 4741 Grand Ave. So. No. 3

City Minneapolis State MN Zip Code 55419-5443

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

Name of Employer AFSCME MN CN 5/HENNEPIN COUNTY Occupation CHILD SUPPORT OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt 01 / 25 / 2013
Transaction ID : SA11Al.16686

Amount of Each Receipt this Period 116.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 457.00

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 8 OF 25
(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. STEPHAN FANTAUZZO
Full Name (Last, First, Middle Initial)
Mailing Address 3840 N. Delaware Street
City Indianapolis State IN Zip Code 46205
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME INT'L Occupation CHIEF OF STAFF TO THE PRESIDENT
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **217.08**

Date of Receipt **01 / 31 / 2013**
Transaction ID : SA11Al.16778
Amount of Each Receipt this Period **108.54**

B. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)
Mailing Address 3818 Sheffield Lane
City Harrisburg State PA Zip Code 17110-3044
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **231.36**

Date of Receipt **01 / 09 / 2013**
Transaction ID : SA11Al.16721
Amount of Each Receipt this Period **231.36**

C. MICHAEL E. FOX
Full Name (Last, First, Middle Initial)
Mailing Address 3818 Sheffield Lane
City Harrisburg State PA Zip Code 17110-3044
FEC ID number of contributing federal political committee. **C**
Name of Employer AFSCME PA CN 13 Occupation COUNCIL DIRECTOR
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **301.36**

Date of Receipt **01 / 31 / 2013**
Transaction ID : SA11Al.16722
Amount of Each Receipt this Period **70.00**

SUBTOTAL of Receipts This Page (optional)..... **409.90**
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 9 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ALBERT GARRETT
 Full Name (Last, First, Middle Initial)
 Mailing Address 18491 Lauder
 City State Zip Code
 Detroit MI 48232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME MI CN 25 PRESIDENT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 235.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : SA11Al.16681
 Amount of Each Receipt this Period
 117.83

B. ELIZABETH D. GRAY-LINDSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1302 4th Street SW
 City State Zip Code
 Washington DC 20024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INT'L ASSIST DIRECTOR, CAPITAL STRATEGIES
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11Al.16787
 Amount of Each Receipt this Period
 105.82

C. SETH M JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2415 20th Street, NW #28
 City State Zip Code
 Washington DC 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 AFSCME INTL' Assitant Director Political Action
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 206.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2013
Transaction ID : SA11Al.16799
 Amount of Each Receipt this Period
 103.00

SUBTOTAL of Receipts This Page (optional).....▶	326.65
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 25
(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. CAROLYN KLINGLESMTIH
Full Name (Last, First, Middle Initial)
Mailing Address 10700 Grecian Road

City Louisville	State KY	Zip Code 40272
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Date of Receipt: 01 / 31 / 2013
Transaction ID : SA11Al.16806

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 103.88

Name of Employer AFSCME INT'L	Occupation AREA ORGANIZING DIRECTOR
----------------------------------	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 207.76

B. ELISSA MCBRIDE
Full Name (Last, First, Middle Initial)
Mailing Address 9 Sherman Avenue

City Takoma Park	State MD	Zip Code 20912
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Date of Receipt: 01 / 31 / 2013
Transaction ID : SA11Al.16808

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 110.28

Name of Employer AFSCME INT'L	Occupation DIRECTOR, EDUCATION
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 220.56

C. GLENARD MIDDLETON
Full Name (Last, First, Middle Initial)
Mailing Address 5108 Yellowwood Ave

City Baltimore	State MD	Zip Code 21209-4611
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Date of Receipt: 01 / 07 / 2013
Transaction ID : SA11Al.16675

FEC ID number of contributing federal political committee: C

Amount of Each Receipt this Period: 270.00

Name of Employer AFSCME MD CN 67	Occupation EXECUTIVE DIRECTOR
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼: 270.00

SUBTOTAL of Receipts This Page (optional).....▶	484.16
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 11 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5108 Yellowwood Ave

City Baltimore State MD Zip Code 21209-4611

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

Name of Employer AFSCME MD CN 67 Occupation EXECUTIVE DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 284.00

Date of Receipt 01 / 31 / 2013
Transaction ID : SA11Al.16676

Amount of Each Receipt this Period 14.00

B. RONNIE D PETERSON
Full Name (Last, First, Middle Initial)

Mailing Address 1146 Rue Willette Blvd.

City Ypsilanti State MI Zip Code 48197

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

Name of Employer AFSCME INT'L Occupation POLITICAL ACTION REPRESENTATIVE III

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 289.52

Date of Receipt 01 / 31 / 2013
Transaction ID : SA11Al.16810

Amount of Each Receipt this Period 144.76

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

Mailing Address 5706 Colorado Avenue NW

City Washington State DC Zip Code 20011

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

Name of Employer AFSCME INT'L Occupation SECRETARY TREASURER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.58

Date of Receipt 01 / 31 / 2013
Transaction ID : SA11Al.16812

Amount of Each Receipt this Period 105.29

SUBTOTAL of Receipts This Page (optional)..... ▶ 264.05

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
213.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : SA11Al.16678

Amount of Each Receipt this Period
106.86

B. LAWRENCE ROEHRIG
Full Name (Last, First, Middle Initial)
Mailing Address 13084 Lia Court

City Lindon	State MI	Zip Code 48451
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME MI CN 25	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
283.72

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11Al.16679

Amount of Each Receipt this Period
70.00

C. JOSEPH P. RUGOLA
Full Name (Last, First, Middle Initial)
Mailing Address 6805 Oak Creek Drive

City Columbus	State OH	Zip Code 43229
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FEC ID number of contributing federal political committee. **C**

Name of Employer AFSCME OH LOC 4	Occupation EXECUTIVE DIRECTOR
-------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
214.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : SA11Al.16716

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	276.86
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 13 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 7510 Alaska Avenue NW

City Washington State DC Zip Code 20012

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

Name of Employer AFSCME INT'L Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **247.74**

Date of Receipt **01 / 31 / 2013**

Transaction ID : SA11Al.16814

Amount of Each Receipt this Period **123.87**

B. JEFFREY M. TAGGART
Full Name (Last, First, Middle Initial)

Mailing Address 12001 Market Street Unit 450

City Reston State VA Zip Code 20190

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

Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, ACCOUNTING

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **245.60**

Date of Receipt **01 / 31 / 2013**

Transaction ID : SA11Al.16816

Amount of Each Receipt this Period **122.80**

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

Mailing Address 130 PELHAM ROAD5F

City NEW ROCHELLE State NY Zip Code 10805

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

Name of Employer AFSCME NY CN 1707 Occupation STAFF REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **234.00**

Date of Receipt **01 / 15 / 2013**

Transaction ID : SA11Al.16702

Amount of Each Receipt this Period **234.00**

SUBTOTAL of Receipts This Page (optional)..... **480.67**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 25
(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. ALDO E. VENNETTILLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 1087 Country Coach Drive
 City Henderson State NV Zip Code 89002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 262.92

Date of Receipt 01 / 15 / 2013
Transaction ID : SA11AI.16818
 Amount of Each Receipt this Period 93.24

B. FLORA M. WALKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2492 Ram Crossingway
 City Henderson State NV Zip Code 89074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.08

Date of Receipt 01 / 31 / 2013
Transaction ID : SA11AI.16820
 Amount of Each Receipt this Period 147.04

C. JESSICA WEINSTEIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2112 New Hampshire Avenue NW Apt #405
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.20

Date of Receipt 01 / 31 / 2013
Transaction ID : SA11AI.16824
 Amount of Each Receipt this Period 153.10

SUBTOTAL of Receipts This Page (optional).....▶	393.38
TOTAL This Period (last page this line number only).....▶	3551.84

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City New York State NY Zip Code 10007

FEC ID number of contributing federal political committee. **C** C00149211

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
51385.13

Date of Receipt
01 / 16 / 2013
Transaction ID : SA12.16825

Amount of Each Receipt this Period
51385.13

Transfer

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	51385.13
TOTAL This Period (last page this line number only).....▶	51385.13

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK LOANS

Mailing Address P.O. Box 5660

City State Zip Code
Hicksville NY 11802-5660

Purpose of Disbursement
Interest payment 1/29/2013

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.16840

Amount of Each Disbursement this Period

1	2	8	0	9	.	0	3
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BART GROUP

Mailing Address 171 Main Street

City State Zip Code
Port Washington NY 11050

Purpose of Disbursement
Merchant Service Charge

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	3

Transaction ID : SB21B.16827

Amount of Each Disbursement this Period

5	2	.	0	3
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. BART GROUP

Mailing Address 171 Main Street

City State Zip Code
Port Washington NY 11050

Purpose of Disbursement
Merchant Service Charges

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	3

Transaction ID : SB21B.16828

Amount of Each Disbursement this Period

5	0	.	8	1
---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	2	9	1	.	8	7
---	---	---	---	---	---	---

5	0	.	8	1
---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FIS MERCHANT SERVICES-LL

Mailing Address 11000 W. Lake Park Drive

City Milwaukee State WI Zip Code 53224

Purpose of Disbursement
Merchant Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.16829

Amount of Each Disbursement this Period

1	7	0	5	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. PAYPAL INC.

Mailing Address 2211 North First Street

City San Jose State CA Zip Code 95131

Purpose of Disbursement
Online Service Charges

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	3

Transaction ID : SB21B.16830

Amount of Each Disbursement this Period

1	3	9	8	5
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	1	0	3	5
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TOTAL This Period (last page this line number only)..... ▶

1	3	2	2	2
---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB22.16851

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	1	3

Transaction ID : SB22.16853

Amount of Each Disbursement this Period

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. AFSCME PEOPLE-Non Federal Account

Mailing Address 1625 L Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB22.16854

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AFSCME PEOPLE-Non Federal Account

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2013

Mailing Address 1625 L Street NW

Transaction ID : SB22.16855

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Trf non-fed acct to non-fed activity

008
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. HEALTHSOURCE SAGINAW, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2013

Mailing Address P.O. Box 6280

Transaction ID : SB22.16878

City Saginaw State MI Zip Code 48608

Amount of Each Disbursement this Period

1946.29

Purpose of Disbursement
Erroneous Deposit

008
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PRINCE GEORGE'S COMMUNITY COLLEGE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2013

Mailing Address 301 Largo Road
Kent Hall Rm 113

Transaction ID : SB22.16892

City Largo State MD Zip Code 20774

Amount of Each Disbursement this Period

1016.83

Purpose of Disbursement
Erroneous Deposit

008
Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

3163.12

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

58163.12

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. A WHOLE LOT OF PEOPLE FOR GRIJALVA CONGRESSIONAL CMTE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2013

Mailing Address P.O. Box 1242

Transaction ID : SB23.16834

City Tucson State AZ Zip Code 85702

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

RAUL M GRIJALVA

Office Sought: House
 Senate
 President
State: AZ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. EMILY'S LIST

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		14		2013

Mailing Address 1120 Connecticut Avenue NW
Suite 1100

Transaction ID : SB23.16836

City Washington State DC Zip Code 20036

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District: PAC

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PALLONE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2013

Mailing Address P.O. Box 3176

Transaction ID : SB23.16835

City Long Branch State NJ Zip Code 07740

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name

FRANK JR PALLONE

Office Sought: House
 Senate
 President
State: NJ District: 06

Disbursement For: 2014
 Primary General
 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

Full Name (Last, First, Middle Initial)

A. PROGRESSIVE ACTION PAC

Mailing Address P.O. Box 70980

City Washington State DC Zip Code 20024

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) PAC

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 18 / 2013

Transaction ID : SB23.16837

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SOUTH DAKOTA FIRST PAC

Mailing Address P.O. Box 155

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) PAC

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : SB23.16838

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

12000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK

Mailing Address 275 7th Avenue

City New York State NY Zip Code 10001

Purpose of Disbursement
Loan Payment 1/29/2013

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB26.16858

Amount of Each Disbursement this Period

2	2	7	2	8	7	.	0	4
---	---	---	---	---	---	---	---	---

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2	2	7	2	8	7	.	0	4
---	---	---	---	---	---	---	---	---

2	2	7	2	8	7	.	0	4
---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. LILLIAN KINNISON

Mailing Address 3490 Plover Drive

City Decatur State IL Zip Code 62529

Purpose of Disbursement
Refund Erroneous Deduction

010

Candidate Name

Category/
Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 25 / 2013

Transaction ID : SB28A.16862

Amount of Each Disbursement this Period

4.20

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4.20

4.20

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.16856**
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

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 3500000.00	Cumulative Payment To Date 227287.04	Balance Outstanding at Close of This Period 3272712.96
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TERMS

Date Incurred: MM / DD / YYYY: 09 / 28 / 2012
 Date Due: MM / DD / YYYY: 03/31/2014
 Interest Rate: 4.25 % (apr)
 Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	3272712.96
TOTALS This Period (last page in this line only)..... ▶	3272712.96

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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) of Debtor or Creditor HEALTHSOURCE SAGINAW, INC.	Nature of Debt (Purpose): Erroneously deposit
Mailing Address P.O. Box 6280	
City State Zip Code Saginaw MI 48608	

Outstanding Balance Beginning This Period <input type="text" value="1946.29"/>	Transaction ID : SD10.16877	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1946.29"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>