

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

Office Use Only

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

12FE4M5

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

ADDRESS (number and street) ▼

1625 L STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00011114

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the  
State of

5. Covering Period

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

through

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

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

Type or Print Name of Treasurer LAURA REYES

Signature of Treasurer

LAURA REYES

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2013

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y 01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2013		1474046.12
(b) Cash on Hand at Beginning of Reporting Period.....	1474046.12	
(c) Total Receipts (from Line 19) .....	572064.95	572064.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	2046111.07	2046111.07
7. Total Disbursements (from Line 31) .....	310676.58	310676.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1735434.49	1735434.49
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y  
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

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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

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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. PAUL R. BOOTH**

Mailing Address 3724 Benton Street NW

City  
Washington

State Zip Code  
DC 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  
01 / 31 / 2013

Transaction ID : SA11Al.16743

Amount of Each Receipt this Period

192.16

Full Name (Last, First, Middle Initial)

**B. LINDA CANAN-STEPHENS**

Mailing Address 9013 Advantage Court

City  
Burke

State Zip Code  
VA 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  
01 / 31 / 2013

Transaction ID : SA11Al.16751

Amount of Each Receipt this Period

138.56

Full Name (Last, First, Middle Initial)

**C. GINO A. CARBENIA**

Mailing Address 9253 Barcroft Dr.

City  
Indianapolis

State Zip Code  
IN 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  
01 / 31 / 2013

Transaction ID : SA11Al.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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 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**

Full Name (Last, First, Middle Initial)

**A. JASON DIBBLE**

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 : SA11AI.16687

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**B. JEAN M. DIEDERICH**

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 : SA11AI.16685

Amount of Each Receipt this Period

116.00

Full Name (Last, First, Middle Initial)

**C. JEAN M. DIEDERICH**

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 : SA11AI.16686

Amount of Each Receipt this Period

116.00

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

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

457.00

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

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FOR LINE NUMBER:  
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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. STEPHAN FANTAUZZO**

Mailing Address 3840 N. Delaware Street

City  
Indianapolis

State Zip Code  
IN 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 : SA11AI.16778

Amount of Each Receipt this Period

108.54

Full Name (Last, First, Middle Initial)

**B. MICHAEL E. FOX**

Mailing Address 3818 Sheffield Lane

City  
Harrisburg

State Zip Code  
PA 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 : SA11AI.16721

Amount of Each Receipt this Period

231.36

Full Name (Last, First, Middle Initial)

**C. MICHAEL E. FOX**

Mailing Address 3818 Sheffield Lane

City  
Harrisburg

State Zip Code  
PA 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 : SA11AI.16722

Amount of Each Receipt this Period

70.00

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

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

409.90



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

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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial) <b>A. ALBERT GARRETT</b></p> <p>Mailing Address 18491 Lauder</p> <p>City State Zip Code Detroit MI 48232</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME MI CN 25 PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 235.66</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2013 <b>Transaction ID : SA11Al.16681</b></p> <p>Amount of Each Receipt this Period 117.83</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. ELIZABETH D. GRAY-LINDSLEY</b></p> <p>Mailing Address 1302 4th Street SW</p> <p>City State Zip Code Washington DC 20024</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INT'L ASSIST DIRECTOR, CAPITAL STRATEGIES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 211.64</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11Al.16787</b></p> <p>Amount of Each Receipt this Period 105.82</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. SETH M JOHNSON</b></p> <p>Mailing Address 2415 20th Street, NW #28</p> <p>City State Zip Code Washington DC 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation AFSCME INTL' Assitant Director Political Action</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 206.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11Al.16799</b></p> <p>Amount of Each Receipt this Period 103.00</p>		
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>326.65</p>		
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>					

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

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

<p>Full Name (Last, First, Middle Initial)  <b>A. CAROLYN KLINGLESMTIH</b></p> <p>Mailing Address 10700 Grecian Road</p> <p>City State Zip Code  Louisville KY 40272</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L AREA ORGANIZING DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  207.76</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 31 / 2013  <b>Transaction ID : SA11AI.16806</b></p> <p>Amount of Each Receipt this Period  103.88</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. ELISSA MCBRIDE</b></p> <p>Mailing Address 9 Sherman Avenue</p> <p>City State Zip Code  Takoma Park MD 20912</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME INT'L DIRECTOR, EDUCATION</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  220.56</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 31 / 2013  <b>Transaction ID : SA11AI.16808</b></p> <p>Amount of Each Receipt this Period  110.28</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. GLENARD MIDDLETON</b></p> <p>Mailing Address 5108 Yellowwood Ave</p> <p>City State Zip Code  Baltimore MD 21209-4611</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation  AFSCME MD CN 67 EXECUTIVE DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  270.00</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 07 / 2013  <b>Transaction ID : SA11AI.16675</b></p> <p>Amount of Each Receipt this Period  270.00</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>484.16</p>	
<p><b>TOTAL</b> 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 11 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**

<b>A. GLENARD MIDDLETON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 284.00			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11AI.16676</b> Amount of Each Receipt this Period 14.00
<b>B. RONNIE D PETERSON</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 289.52			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11AI.16810</b> Amount of Each Receipt this Period 144.76
<b>C. LAURA REYES</b> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.58			Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2013 <b>Transaction ID : SA11AI.16812</b> Amount of Each Receipt this Period 105.29
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			264.05
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

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

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

FOR LINE NUMBER: PAGE 12 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**

Full Name (Last, First, Middle Initial)

A. 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

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 Y  
01 / 24 / 2013

Transaction ID : SA11Al.16678

Amount of Each Receipt this Period

106.86

Full Name (Last, First, Middle Initial)

B. 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

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 Y  
01 / 31 / 2013

Transaction ID : SA11Al.16679

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

C. JOSEPH P. RUGOLA

Mailing Address 6805 Oak Creek Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH LOC 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.00

Date of Receipt

M M / D D / Y 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: PAGE 13 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**

Full Name (Last, First, Middle Initial)

## **A. LEE A. 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

AFSCME INT'L

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.74

Date of Receipt

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

Transaction ID : SA11Al.16814

Amount of Each Receipt this Period

123.87

Full Name (Last, First, Middle Initial)

## **B. JEFFREY M. TAGGART**

Mailing Address 12001 Market Street  
Unit 450

City State Zip Code  
Reston VA 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

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

Transaction ID : SA11Al.16816

Amount of Each Receipt this Period

122.80

Full Name (Last, First, Middle Initial)

## **C. MARVIN THOMAS**

Mailing Address 130 PELHAM ROAD5F

City State Zip Code  
NEW ROCHELLE NY 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

M M / D D / Y Y Y Y Y  
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:  
(check only one)

PAGE 14 OF 25

☒ 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**

<p>Full Name (Last, First, Middle Initial)  <b>A. ALDO E. VENNETTILLI</b></p> <p>Mailing Address 1087 Country Coach Drive</p> <p>City Henderson State NV Zip Code 89002</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 262.92</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 15 / 2013  <b>Transaction ID : SA11Al.16818</b></p> <p>Amount of Each Receipt this Period  93.24</p>	
<p>Full Name (Last, First, Middle Initial)  <b>B. FLORA M. WALKER</b></p> <p>Mailing Address 2492 Ram Crossingway</p> <p>City Henderson State NV Zip Code 89074</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation REGIONAL DIRECTOR</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 294.08</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 31 / 2013  <b>Transaction ID : SA11Al.16820</b></p> <p>Amount of Each Receipt this Period  147.04</p>	
<p>Full Name (Last, First, Middle Initial)  <b>C. JESSICA WEINSTEIN</b></p> <p>Mailing Address 2112 New Hampshire Avenue NW  Apt #405</p> <p>City Washington State DC Zip Code 20009</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer AFSCME INT'L Occupation ASSISTANT TO THE PRESIDENT</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 306.20</p>			<p>Date of Receipt  M M / D D / Y Y Y Y Y  01 / 31 / 2013  <b>Transaction ID : SA11Al.16824</b></p> <p>Amount of Each Receipt this Period  153.10</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶</p>			<p>393.38</p>	
<p><b>TOTAL</b> This Period (last page this line number only)..... ▶</p>			<p>3551.84</p>	

# **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)

☐ 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)  
DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY (DC37PEOPLE)

Mailing Address 125 Barclay Street

City State Zip Code  
New York NY 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 25

<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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2013

Mailing Address P.O. Box 5660

City	State	Zip Code
Hicksville	NY	11802-5660

**Transaction ID : SB21B.16840**Purpose of Disbursement  
Interest payment 1/29/2013

001

Amount of Each Disbursement this Period

Candidate Name

12809.03
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. BART GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2013

Mailing Address 171 Main Street

City	State	Zip Code
Port Washington	NY	11050

**Transaction ID : SB21B.16827**Purpose of Disbursement  
Merchant Service Charge

001

Amount of Each Disbursement this Period

Candidate Name

52.03
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. BART GROUP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		04		2013

Mailing Address 171 Main Street

City	State	Zip Code
Port Washington	NY	11050

**Transaction ID : SB21B.16828**Purpose of Disbursement  
Merchant Service Charges

001

Amount of Each Disbursement this Period

Candidate Name

50.81
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Category/  
Type**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12911.87
----------

--



<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

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

### A. FIS MERCHANT SERVICES-LL

Date of Disbursement

Transaction ID : SB21B.16829

001

Category/  
Type

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

Amount of Each Disbursement this Period

Age Group	Number of People
13-17	10
18-24	15
25-34	20
35-44	25
45-54	30
55-64	35
65-74	40
75-84	45
85+	50
<b>Total</b>	<b>170.5</b>

## B. PAYPAL INC.

Date of Disbursement

Transaction ID : SB21B.16830

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	10
18-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85+	139.85

**C.**

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

310.35

13222.22

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 25

<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		10		2013

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

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

008

Candidate Name

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

State: District:

**Transaction ID : SB22.16851**

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

**B. AFSCME PEOPLE-Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2013

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

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

008

Candidate Name

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

State: District:

**Transaction ID : SB22.16853**

Amount of Each Disbursement this Period

11000.00

Full Name (Last, First, Middle Initial)

**C. AFSCME PEOPLE-Non Federal Account**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Mailing Address 1625 L Street NW

City	State	Zip Code
Washington	DC	20036

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

008

Candidate Name

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

State: District:

**Transaction ID : SB22.16854**

Amount of Each Disbursement this Period

4000.00

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

55000.00
----------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 25

<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

City	State	Zip Code
Washington	DC	20036

**Transaction ID : SB22.16855**Purpose of Disbursement  
Trf non-fed acct to non-fed activity

008

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

200.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

City	State	Zip Code
Saginaw	MI	48608

**Transaction ID : SB22.16878**Purpose of Disbursement  
Erroneous Deposit

008

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1946.29

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

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

City	State	Zip Code
Largo	MD	20774

**Transaction ID : SB22.16892**Purpose of Disbursement  
Erroneous Deposit

008

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1016.83

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

3163.12

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

58163.12

	21b		22	<b>X</b>	23		24		25		26
	27		28a		28b		28c		29		30b

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

01 / 14 / 2013

2500.00

State: AZ District: 07

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

Amount of Each Disbursement this Period

5000.00

State:  District:  PAC

Amount of Each Disbursement this Period

State: NJ District: 06

8500.00

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

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

2500.00

1000.00

12000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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**

Full Name (Last, First, Middle Initial)

**A. AMALGAMATED BANK**

Mailing Address 275 7th Avenue

City	State	Zip Code
New York	NY	10001

Purpose of Disbursement  
Loan Payment 1/29/2013

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) ▼	

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		29		2013

**Transaction ID : SB26.16858**

Amount of Each Disbursement this Period

227287.04
-----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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) ▼	

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:	<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) ▼	

Date of Disbursement

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

Amount of Each Disbursement this Period

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

227287.04
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227287.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LILLIAN KINNISON**

Mailing Address 3490 Plover Drive

City	State	Zip Code
Decatur	IL	62529

Purpose of Disbursement  
Refund Erroneous Deduction

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) ▼

Date of Disbursement

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

**Transaction ID : SB28A.16862**

Amount of Each Disbursement this Period

4.20
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

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) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

4.20
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4.20
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**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 24 OF 25

FOR LINE 13 OF FORM 3X

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:

☐ Primary☐ General☐ 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

**TERMS**

Date Incurred

M M / D D / Y Y Y Y  
09 / 28 / 2012

Date Due

M M / D D / Y Y Y Y

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)☐ 9  
☒ 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

1946.29

Transaction ID : SD10.16877

Amount Incurred This Period

0.00

Payment This Period

1946.29

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►