

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

AMERICAN FEDERATION OF STATE COUNTY &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

ZIPCODE

C00011114

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2008

through

08

31

2008

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

Type or Print Name of Treasurer

WILLIAM LUCY

Signature of Treasurer

Electronically Filed by WILLIAM LUCY

Date

09

19

2008

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
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		950229.47
(b) Cash on Hand at Beginning of Reporting Period .....	1703990.51	
(c) Total Receipts (from Line 19) .....	586467.08	5881093.32
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	2290457.59	6831322.79
7. Total Disbursements (from Line 31) .....	692722.97	5233588.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1597734.62	1597734.62
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) .....	0.00	

☐ 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
0	8	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	8

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	41116.94	275752.85
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	365959.74	4157769.59
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	407076.68	4433522.44
(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) ..... ➡	407076.68	4433522.44
12. Transfers From Affiliated/Other Party Committees .....	178116.69	415782.15
13. All Loans Received .....	0.00	1000000.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	685.50	28475.96
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	588.21	3312.77
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	586467.08	5881093.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	586467.08	5881093.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	289714.07	847668.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	289714.07	847668.70
22. Transfers to Affiliated/Other Party Committees.....	330000.00	1041660.92
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72908.10	766118.10
24. Independent Expenditure (use Schedule E) .....	0.00	1576970.03
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	1000000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	100.80	1170.42
(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)) .....	100.80	1170.42
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	692722.97	5233588.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	692722.97	5233588.17

**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) .....	407076.68	4433522.44
34. Total Contribution Refunds (from Line 28(d)) .....	100.80	1170.42
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	406975.88	4432352.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	289714.07	847668.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	685.50	28475.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	289028.57	819192.74

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

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

FOR LINE NUMBER: PAGE 6 / 456

(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)

KAREN ABBIATICI

Mailing Address 4602 W. Barlind

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113522

Amount of Each Receipt this Period

45.74

**B.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

Mailing Address 4315 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114284

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD ABELSON

Mailing Address 4315 N. Lake Drive

City

Shorewood

State

WI

Zip Code

53211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114285

Amount of Each Receipt this Period

42.00

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

129.74

**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 / 456

(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)

CATHYRN ACTON

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114148

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID ADAM

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113740

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID ADAM

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113794

Amount of Each Receipt this Period

20.00

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

90.00

**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 8 / 456

(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)

SHANA ADLERTON

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114038

Amount of Each Receipt this Period

30.36

**B.**

Full Name (Last, First, Middle Initial)

SHANA ADLERTON

Mailing Address 710 Chippewa Square

City

Marquette

State

MI

Zip Code

48955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.92

Date of Receipt

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

Transaction ID: SA11AI.114082

Amount of Each Receipt this Period

30.36

**C.**

Full Name (Last, First, Middle Initial)

LAURA AKERS

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113928

Amount of Each Receipt this Period

12.75

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

73.47

**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 9 / 456

(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)

AUDREY AKI

Mailing Address 66-370 Paalaa Road

City

Haleiwa

State

HI

Zip Code

96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113667

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

GERALD T AKO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113669

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

DIANN ALBRIGHT

Mailing Address 2405 South Fourth Sreet

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.21

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113523

Amount of Each Receipt this Period

63.08

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

113.08

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

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

FOR LINE NUMBER: PAGE 10 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1259.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: SA11AI.114647

Amount of Each Receipt this Period

129.00

**B.**

Full Name (Last, First, Middle Initial)

KENNETH L. ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.113713

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL A ANDERSON

Mailing Address 303 Dias Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

782.38

Date of Receipt

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

Transaction ID: SA11AI.113218

Amount of Each Receipt this Period

49.49

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

192.49

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

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

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

FOR LINE NUMBER: PAGE 11 / 456

(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)

CAROL A ANDERSON

Mailing Address 303 Dias Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

831.87

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113340

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL ANDREJCO

Mailing Address 5075 Pajabon Drive  
#201

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113524

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

DAVID ANTLE

Mailing Address P.O. Box 1093

City

Moscow

State

PA

Zip Code

18444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.42

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113525

Amount of Each Receipt this Period

106.92

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

222.71

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

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

FOR LINE NUMBER: PAGE 12 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LOUISA ARCE

Mailing Address 303 Hawthorne Blvd.

City

Delaware

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

CONTROLLER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

714.71

Date of Receipt

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

Transaction ID: SA11AI.113460

Amount of Each Receipt this Period

82.82

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street, N.W.

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

525.18

Date of Receipt

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

Transaction ID: SA11AI.113219

Amount of Each Receipt this Period

35.01

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL L. ARTZ

Mailing Address 745 Irving Street, N.W.

City

Washington

State

DC

Zip Code

20010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE TO GENERAL COUNSEL

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

560.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113341

Amount of Each Receipt this Period

35.01

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

152.84

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

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

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

FOR LINE NUMBER: PAGE 13 / 456

(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)

LAURA M. ASKELIN

Mailing Address 1031 4th Avenue S.E.

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

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

Transaction ID: SA11AI.114161

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

JALADAH ASLAM

Mailing Address 3895 Cannon Road

City

Austintown

State

OH

Zip Code

44515-5372

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.113461

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

W. JEAN BACKMAN

Mailing Address 1212 Jefferson Street

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114007

Amount of Each Receipt this Period

42.00

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

122.00

**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 14 / 456

(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)

CATHLEEN BAILEY

Mailing Address P O Box 12147

City

Olympia

State

WA

Zip Code

98508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

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

Transaction ID: SA11AI.113853

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

CATHLEEN BAILEY

Mailing Address P O Box 12147

City

Olympia

State

WA

Zip Code

98508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113931

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN BAILEY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113742

Amount of Each Receipt this Period

19.24

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

61.24

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

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

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

FOR LINE NUMBER: PAGE 15 / 456

(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)

KAREN BAILEY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.12

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113796

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA A. BAILEY

Mailing Address 606 N. Van Buren Street

City

Wilmington

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

495.04

Date of Receipt

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

Transaction ID: SA11AI.114235

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. BAILEY

Mailing Address 606 N. Van Buren Street

City

Wilmington

State

DE

Zip Code

19805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

556.62

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114242

Amount of Each Receipt this Period

61.58

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

142.40

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

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

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

FOR LINE NUMBER: PAGE 16 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.00

Date of Receipt

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

Transaction ID: SA11AI.114592

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114593

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY L. BAKKEN

Mailing Address 500 E Parish Street

City

Prair Du Chien

State

WI

Zip Code

53821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114594

Amount of Each Receipt this Period

30.00

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

90.00

**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 17 / 456

(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)

JESSIE BALL

Mailing Address 1724 Kalorama Ave.  
Suite #200

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME DC CN 20

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

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

Transaction ID: SA11AI.114339

Amount of Each Receipt this Period

140.40

**B.**

Full Name (Last, First, Middle Initial)

MATHEW BANAL

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.08

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113743

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

MATHEW BANAL

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113797

Amount of Each Receipt this Period

19.24

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

178.88

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

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

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

FOR LINE NUMBER: PAGE 18 / 456

(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)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.05

Date of Receipt

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

Transaction ID: SA11AI.114384

Amount of Each Receipt this Period

14.65

**B.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114452

Amount of Each Receipt this Period

14.65

**C.**

Full Name (Last, First, Middle Initial)

GINA M. BANKS

Mailing Address 946 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

PUBLIC SAFETY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

278.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114520

Amount of Each Receipt this Period

14.65

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

43.95

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

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

FOR LINE NUMBER: PAGE 19 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.27

Date of Receipt

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

Transaction ID: SA11AI.113220

Amount of Each Receipt this Period

58.61

**B.**

Full Name (Last, First, Middle Initial)

MARY ANNE BARNETT

Mailing Address 1155 Lakepointe

City

Grosse Pointe Park

State

MI

Zip Code

48230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, ORGANIZING DVLPT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

891.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113342

Amount of Each Receipt this Period

58.61

**C.**

Full Name (Last, First, Middle Initial)

LINDA BATES

Mailing Address 1510 Walnut Street

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.15

Date of Receipt

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

Transaction ID: SA11AI.113221

Amount of Each Receipt this Period

27.37

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

144.59

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 20 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LINDA BATES

Mailing Address 1510 Walnut Street

City

Woodbridge

State

VA

Zip Code

22191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113343

Amount of Each Receipt this Period

27.37

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. BAUER

Mailing Address 23 Valley Forge Lane

City

Elyria

State

OH

Zip Code

44035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.11

Date of Receipt

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

Transaction ID: SA11AI.113462

Amount of Each Receipt this Period

84.76

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA BAUER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113526

Amount of Each Receipt this Period

64.16

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

176.29

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 21 / 456

(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)

HENRY BAYER

Mailing Address 1507 W. Chase Street

City

Chicago

State

IL

Zip Code

60626-2125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1212.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113714

Amount of Each Receipt this Period

28.00

**B.**

Full Name (Last, First, Middle Initial)

DENNIS BEAULIEU

Mailing Address 8802 Edison Lane

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.16

Date of Receipt

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

Transaction ID: SA11AI.113222

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

DENNIS BEAULIEU

Mailing Address 8802 Edison Lane

City

Clinton

State

MD

Zip Code

20735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113344

Amount of Each Receipt this Period

40.08

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

108.16

**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: PAGE 22 / 456

(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)

NEIL G. BEDNARCZYK

Mailing Address 7775 O'neil Road North

City

Keizer

State

OR

Zip Code

97303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114650

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.44

Date of Receipt

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

Transaction ID: SA11AI.114236

Amount of Each Receipt this Period

86.20

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL BEGATTO

Mailing Address 301 Hedgerow Lane

City

Wilmington

State

DE

Zip Code

19807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114243

Amount of Each Receipt this Period

86.20

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

202.40

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

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

FOR LINE NUMBER: PAGE 23 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHARLES BENN

Mailing Address 141 Eddington Avenue

City

Harrisburg

State

PA

Zip Code

17111-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

765.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113527

Amount of Each Receipt this Period

88.18

**B.**

Full Name (Last, First, Middle Initial)

PETER J. BENNER

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

346.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113623

Amount of Each Receipt this Period

43.30

**C.**

Full Name (Last, First, Middle Initial)

PETER J. BENNER

Mailing Address 7650 Cahill Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

389.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.113629

Amount of Each Receipt this Period

43.30

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

174.78

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 24 / 456

(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)

STACEY D. BENSON-TAYLOR

Mailing Address 241 Brooklyn Avenue

City

Dayton

State

OH

Zip Code

45417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.51

Date of Receipt

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

Transaction ID: SA11AI.113463

Amount of Each Receipt this Period

52.98

**B.**

Full Name (Last, First, Middle Initial)

PAULA BENTLEY

Mailing Address 3701 Oakview Drive

City

Orlando

State

FL

Zip Code

32812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.00

Date of Receipt

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

Transaction ID: SA11AI.113223

Amount of Each Receipt this Period

89.60

**C.**

Full Name (Last, First, Middle Initial)

PAULA BENTLEY

Mailing Address 3701 Oakview Drive

City

Orlando

State

FL

Zip Code

32812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1433.60

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113345

Amount of Each Receipt this Period

89.60

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

232.18

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



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

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

FOR LINE NUMBER: PAGE 25 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

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

Transaction ID: SA11AI.114349

Amount of Each Receipt this Period

14.43

**B.**

Full Name (Last, First, Middle Initial)

JILL M. BENZ

Mailing Address P. O. Box 244

City

Melcher

State

IA

Zip Code

50163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61/SOIA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.31

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.114350

Amount of Each Receipt this Period

14.43

**C.**

Full Name (Last, First, Middle Initial)

STEVEN BERGER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114149

Amount of Each Receipt this Period

41.68

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

70.54

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

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

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

FOR LINE NUMBER: PAGE 26 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JAMES BESTPITCH

Mailing Address 11922 Getson Lane

City

Cumberland

State

MD

Zip Code

21502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

448.12

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114133

Amount of Each Receipt this Period

52.72

**B.**

Full Name (Last, First, Middle Initial)

DAVID BIELSKI

Mailing Address 4499 Battleridge Rd.

City

McDonald

State

PA

Zip Code

15057-3507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.42

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113528

Amount of Each Receipt this Period

106.92

**C.**

Full Name (Last, First, Middle Initial)

AL BILIK

Mailing Address 1724 Kalorama Road, NW  
Suite #200

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DC CN 20

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

546.40

Date of Receipt

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

Transaction ID: SA11AI.114330

Amount of Each Receipt this Period

245.88

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

405.52

**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 27 / 456

(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)

PAUL BISSEN

Mailing Address 1906 Bear Ct., SE

City

Rochester

State

MN

Zip Code

55904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114198

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

KAREN BLACK

Mailing Address P.O. Box 304

City

Highspire

State

PA

Zip Code

17034-1409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113529

Amount of Each Receipt this Period

103.20

**C.**

Full Name (Last, First, Middle Initial)

ARCHER BLACKWELL

Mailing Address 8706 Jarwood Road

City

Baltimore

State

MD

Zip Code

21237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114134

Amount of Each Receipt this Period

52.96

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

176.16

**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: PAGE 28 / 456

(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)

KORY BLAKE

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114135

Amount of Each Receipt this Period

40.30

**B.**

Full Name (Last, First, Middle Initial)

LISA BLANTON

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111-1599

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113530

Amount of Each Receipt this Period

53.22

**C.**

Full Name (Last, First, Middle Initial)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City State Zip Code  
Canton OH 44718

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113746

Amount of Each Receipt this Period

19.24

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

112.76

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

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

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

FOR LINE NUMBER: PAGE 29 / 456

(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)

RONALD F. BLATT

Mailing Address 3969 Convenience Circle NW

City

State

Zip Code

Canton

OH

44718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113800

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. BLESSING

Mailing Address 2119 Robinwood Avenue

City

State

Zip Code

Toledo

OH

43620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.56

Date of Receipt

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

Transaction ID: SA11AI.113465

Amount of Each Receipt this Period

51.32

**C.**

Full Name (Last, First, Middle Initial)

KAREN BLOOMINGDALE

Mailing Address 4301 Executive Park Drive

City

State

Zip Code

Harrisburg

PA

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.84

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113531

Amount of Each Receipt this Period

36.62

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

107.18

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

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

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

FOR LINE NUMBER: PAGE 30 / 456

(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)

JOYCE BOBO

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113747

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JOYCE BOBO

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113801

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

BARRY BOGARDE

Mailing Address 4303 Vermont Court

City

Harrisburg

State

PA

Zip Code

17112-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

968.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113532

Amount of Each Receipt this Period

103.20

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

123.20

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

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

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

FOR LINE NUMBER: PAGE 31 / 456

(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)

MICHAEL W BOGGS

Mailing Address 3922 Latrobe Street

City

Los Angeles

State

CA

Zip Code

90031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

RESEARCH ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114300

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113748

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

LYNDA L. BOLIN

Mailing Address 8 North Circle Drive

City

The Plains

State

OH

Zip Code

45780

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113802

Amount of Each Receipt this Period

19.24

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

113.48

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

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

FOR LINE NUMBER: PAGE 32 / 456

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2770.09

Date of Receipt

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

Transaction ID: SA11AI.113224

Amount of Each Receipt this Period

179.74

**B.**

Full Name (Last, First, Middle Initial)

PAUL R. BOOTH

Mailing Address 3724 Benton Street NW

City

Washington

State

DC

Zip Code

20007-1803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASST. TO PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

2949.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113346

Amount of Each Receipt this Period

179.74

**C.**

Full Name (Last, First, Middle Initial)

PAMELA BORDEN

Mailing Address 5947 Cooper

City

Taylor

State

MI

Zip Code

48180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.114040

Amount of Each Receipt this Period

19.72

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

379.20

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



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

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

FOR LINE NUMBER: PAGE 33 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAMELA BORDEN

Mailing Address 5947 Cooper

City

State

Zip Code

Taylor

MI

48180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.02

Date of Receipt

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

Transaction ID: SA11AI.114084

Amount of Each Receipt this Period

19.72

**B.**

Full Name (Last, First, Middle Initial)

GLEN BOULDIN

Mailing Address 1410 Bush Street  
Suite A

City

State

Zip Code

Baltimore

MD

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114136

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC R. BOYD

Mailing Address 118 East Walnut Street

City

State

Zip Code

Westerville

OH

43801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

413.68

Date of Receipt

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

Transaction ID: SA11AI.113466

Amount of Each Receipt this Period

52.57

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

122.29

**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 34 / 456

(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)

MIKE BRADLEY

Mailing Address 2320 Turner Lane

City

Bel Air

State

MD

Zip Code

21015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114137

Amount of Each Receipt this Period

35.98

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH BRAUNER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114150

Amount of Each Receipt this Period

38.34

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM BRENNER

Mailing Address 3300 Old Trail Road

City

York Haven

State

PA

Zip Code

17370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113533

Amount of Each Receipt this Period

66.30

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

140.62

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

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

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

FOR LINE NUMBER: PAGE 35 / 456

(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)

JOE BRITTON

Mailing Address 4635 Mira Loma Street

City

Castro Valley

State

CA

Zip Code

94546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/EAST BAY  
PARKS

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114316

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.114595

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114596

Amount of Each Receipt this Period

30.00

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

80.00

**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 36 / 456

(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)  
BILL BROCKMILLER

Mailing Address 1418 10th Street  
#204

City State Zip Code  
Lacrosse WI 54601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114597

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
DEBORAH L. BROOKMAN

Mailing Address 1517 5th Avenue SE

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114009

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)  
SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City State Zip Code  
Gallipolis OH 45631

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

387.00

Date of Receipt

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

Transaction ID: SA11AI.114388

Amount of Each Receipt this Period

20.00

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

80.00

**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 37 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: SA11AI.114456

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

SHARON L. BROWN

Mailing Address 1801 Cora Mill Road

City

Gallipolis

State

OH

Zip Code

45631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.114524

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM H. BROWN

Mailing Address 17431 SE Forest Hill Drive

City

Damascus

State

OR

Zip Code

97089

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: SA11AI.114668

Amount of Each Receipt this Period

30.00

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

70.00

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 38 / 456

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALAN BRUBACHER

Mailing Address 2502 S. 4th Street

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

MAINTENANCE SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113534

Amount of Each Receipt this Period

45.74

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL BUESING

Mailing Address 4218 Nancy Place

City

Shoreview

State

MN

Zip Code

55126-6412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.114200

Amount of Each Receipt this Period

44.00

**C.**

Full Name (Last, First, Middle Initial)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1635.04

Date of Receipt

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

Transaction ID: SA11AI.113225

Amount of Each Receipt this Period

109.00

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

198.74

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

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

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

FOR LINE NUMBER: PAGE 39 / 456

(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)

DIANE B. BURKE

Mailing Address 6626 Potomac Avenue, A1

City

Alexandria

State

VA

Zip Code

22307

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1744.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113347

Amount of Each Receipt this Period

109.00

**B.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.98

Date of Receipt

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

Transaction ID: SA11AI.113226

Amount of Each Receipt this Period

46.88

**C.**

Full Name (Last, First, Middle Initial)

CAROL L. BURNETT

Mailing Address 1921 N. Westmoreland

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, ART & GRAPHIC DESIGN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

804.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113348

Amount of Each Receipt this Period

46.88

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

202.76

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

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

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

FOR LINE NUMBER: PAGE 40 / 456

(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)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.44

Date of Receipt

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

Transaction ID: SA11AI.113227

Amount of Each Receipt this Period

39.86

**B.**

Full Name (Last, First, Middle Initial)

DOUGLAS R. BURNETT

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.30

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113349

Amount of Each Receipt this Period

39.86

**C.**

Full Name (Last, First, Middle Initial)

PAMELA L. BURTON

Mailing Address 5929 Oakwood Street  
Apt. #2

City

Cincinnati

State

OH

Zip Code

45224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.70

Date of Receipt

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

Transaction ID: SA11AI.113467

Amount of Each Receipt this Period

30.44

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

110.16

**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: PAGE 41 / 456

(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)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114457

Amount of Each Receipt this Period

11.72

**B.**

Full Name (Last, First, Middle Initial)

KATHY R. BUTCHER

Mailing Address 1294 Wilson Avenue

City

Columbus

State

OH

Zip Code

43206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114525

Amount of Each Receipt this Period

11.72

**C.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113749

Amount of Each Receipt this Period

20.00

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

43.44

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

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

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

FOR LINE NUMBER: PAGE 42 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

SUSAN CAHEN

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113803

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.94

Date of Receipt

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

Transaction ID: SA11AI.113228

Amount of Each Receipt this Period

51.73

**C.**

Full Name (Last, First, Middle Initial)

PAULA J. CAIRA

Mailing Address 17 Fourteenth Street SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

827.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113350

Amount of Each Receipt this Period

51.73

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

123.46

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

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

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

FOR LINE NUMBER: PAGE 43 / 456

(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)

NINA M. CALABRIA

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

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113750

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

NINA M. CALABRIA

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

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113804

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ANGELA M. CALDWELL

Mailing Address 3664 Stirling Court

City

Cleveland

State

OH

Zip Code

44115-3091

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.76

Date of Receipt

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

Transaction ID: SA11AI.113468

Amount of Each Receipt this Period

62.30

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

112.30

**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 44 / 456

(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)

CHAD CALDWELL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113751

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CHAD CALDWELL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113805

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT CALVIN

Mailing Address 45 Church Road

City

Mercer

State

PA

Zip Code

16137-5911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113535

Amount of Each Receipt this Period

66.30

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

116.30

**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 45 / 456

(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)

TERESA CAMPBELL

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114041

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

TERESA CAMPBELL

Mailing Address 3709 Morgan Road

City

Lake Orion

State

MI

Zip Code

48359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.114085

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1522.68

Date of Receipt

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

Transaction ID: SA11AI.113229

Amount of Each Receipt this Period

98.98

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

140.98

**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 46 / 456

(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)

LINDA CANAN-STEPHENS

Mailing Address 9013 Advantage Ct.

City

Burke

State

VA

Zip Code

22003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1621.66

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113351

Amount of Each Receipt this Period

98.98

**B.**

Full Name (Last, First, Middle Initial)

RICHARD CAPONI

Mailing Address 4453 Stilley Road

City

Pittsburgh

State

PA

Zip Code

15227

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

885.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113536

Amount of Each Receipt this Period

106.92

**C.**

Full Name (Last, First, Middle Initial)

DENISE L. CAREY

Mailing Address P.O. Box 8154

City

Columbus

State

OH

Zip Code

43201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

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

Transaction ID: SA11AI.114391

Amount of Each Receipt this Period

16.00

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

221.90

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

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

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

FOR LINE NUMBER: PAGE 47 / 456

(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)  
DENISE L. CAREY

Mailing Address P.O. Box 8154

City State Zip Code  
Columbus OH 43201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation  
OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114459

Amount of Each Receipt this Period

16.00

**B.**

Full Name (Last, First, Middle Initial)  
DENISE L. CAREY

Mailing Address P.O. Box 8154

City State Zip Code  
Columbus OH 43201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation  
OFFICE ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114527

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)  
JOYCE CARLSON

Mailing Address 911 Aldine Street

City State Zip Code  
Saint Paul MN 55104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.94

Date of Receipt

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

Transaction ID: SA11AI.114166

Amount of Each Receipt this Period

61.66

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

93.66

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

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

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

FOR LINE NUMBER: PAGE 48 / 456

(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)

SHERI CARNAHAN

Mailing Address 2007 Emerald Dr.

City

Davenport

State

IA

Zip Code

52804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

IOWA WORKFORCE ADVISOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.114358

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

TAMMY D. CARSEY

Mailing Address 10453 Porter Lane

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.28

Date of Receipt

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

Transaction ID: SA11AI.113469

Amount of Each Receipt this Period

62.30

**C.**

Full Name (Last, First, Middle Initial)

LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114042

Amount of Each Receipt this Period

27.28

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

129.58

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



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

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

FOR LINE NUMBER: PAGE 49 / 456

(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)

LEROY CARTER

Mailing Address 2648 Towner Road

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.98

Date of Receipt

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

Transaction ID: SA11AI.114086

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY CASO

Mailing Address 9 Garden Court

City

Boston

State

MA

Zip Code

02113-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MA CN 93

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1034.06

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113715

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

ROBERT CASON

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.47

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113537

Amount of Each Receipt this Period

33.88

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

102.83

**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 50 / 456

(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)

JEANETTE CHAVEZ

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.32

Date of Receipt

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

Transaction ID: SA11AI.113230

Amount of Each Receipt this Period

25.30

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE CHAVEZ

Mailing Address 1625 L. Street, NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113352

Amount of Each Receipt this Period

25.30

**C.**

Full Name (Last, First, Middle Initial)

JUDY K CHOW

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.113675

Amount of Each Receipt this Period

100.00

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

150.60

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

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

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

FOR LINE NUMBER: PAGE 51 / 456

(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)

SANFORD CHUN

Mailing Address 98-1664 Hapaki Street

City

State

Zip Code

Aiea

HI

96701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113677

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

CHERI CIBOROSKI

Mailing Address 1410 Bush Street  
Suite A

City

State

Zip Code

Baltimore

MD

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114138

Amount of Each Receipt this Period

26.30

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

State

Zip Code

West Bloomfield

MI

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114043

Amount of Each Receipt this Period

25.00

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

76.30

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

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

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

FOR LINE NUMBER: PAGE 52 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CAROLYN CLARK

Mailing Address 4415 Rolling Pine

City

West Bloomfield

State

MI

Zip Code

48324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.114087

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.85

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114266

Amount of Each Receipt this Period

16.05

**C.**

Full Name (Last, First, Middle Initial)

DOROTHEA CLARK

Mailing Address 360 Brotzman Road

City

Binghamton

State

NY

Zip Code

13901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.90

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114267

Amount of Each Receipt this Period

16.05

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

57.10

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

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

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

FOR LINE NUMBER: PAGE 53 / 456

(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)

PAULINE CLAYTON-ROSE

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113752

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

PAULINE CLAYTON-ROSE

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113806

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

CHRISTINE CLEARY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113753

Amount of Each Receipt this Period

10.00

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

29.24

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

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

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

FOR LINE NUMBER: PAGE 54 / 456

(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)

CHRISTINE CLEARY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113807

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

VORIE CLEMENTS

Mailing Address 514 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3302

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114301

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.50

Date of Receipt

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

Transaction ID: SA11AI.113863

Amount of Each Receipt this Period

22.50

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

82.50

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

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

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

FOR LINE NUMBER: PAGE 55 / 456

(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)

DONALD L. CLINE

Mailing Address 21 E Hope Place

City

Shelton

State

WA

Zip Code

98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113941

Amount of Each Receipt this Period

22.50

**B.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

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

Transaction ID: SA11AI.114598

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114599

Amount of Each Receipt this Period

15.00

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

52.50

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

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

FOR LINE NUMBER: PAGE 56 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ADAM W. CLOUGH

Mailing Address N7841 11th Avenue

City

New Lisbon

State

WI

Zip Code

53950

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.114600

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

JACQUE COLLINS

Mailing Address P.O. Box 353

City

Clontarf

State

MN

Zip Code

56226-0353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.114202

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

724.48

Date of Receipt

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

Transaction ID: SA11AI.113232

Amount of Each Receipt this Period

45.63

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

84.63

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



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

FOR LINE NUMBER: PAGE 57 / 456

(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

TRACEY CONATY

Mailing Address 1789 Lanier Place NW  
#42

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
ASSISTANT DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113354

Amount of Each Receipt this Period

45.63

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City	State	Zip Code
Beltsville	MD	20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.28

Date of Receipt

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

Transaction ID: SA11AI.113233

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY S. CONTEE

Mailing Address 12061 Beltsville Drive

City	State	Zip Code
Beltsville	MD	20705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
LEGAL ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.03

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113355

Amount of Each Receipt this Period

30.75

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

107.13

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

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

FOR LINE NUMBER: PAGE 58 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT COOPER

Mailing Address 931 South Walnut Street

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113538

Amount of Each Receipt this Period

106.92

**B.**

Full Name (Last, First, Middle Initial)

JANIS CORDERMAN

Mailing Address 281 Christie Lane

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113624

Amount of Each Receipt this Period

31.51

**C.**

Full Name (Last, First, Middle Initial)

JANIS CORDERMAN

Mailing Address 281 Christie Lane

City

Pleasant Hill

State

IA

Zip Code

50327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.59

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	8

Transaction ID: SA11AI.113630

Amount of Each Receipt this Period

31.51

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

169.94

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

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

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

FOR LINE NUMBER: PAGE 59 / 456

(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)

SHARON M. CORKIN

Mailing Address 4106 Terrace Street  
#5

City State Zip Code  
Oakland CA 94611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/EAST BAY  
PARKS

Occupation  
MAINTENANCE WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114317

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

IVAN CORPENOA-CHAVEZ

Mailing Address 14621 Clovis Street

City State Zip Code  
Victorville CA 92394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/City of  
LA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.114307

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

713.20

Date of Receipt

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

Transaction ID: SA11AI.113234

Amount of Each Receipt this Period

45.63

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

105.63

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

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

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

FOR LINE NUMBER: PAGE 60 / 456

(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)

BARBARA COUFAL

Mailing Address 10112 Parkwood Drive

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGISLATIVE AFFAIRS SPECIALIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

758.83

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113356

Amount of Each Receipt this Period

45.63

**B.**

Full Name (Last, First, Middle Initial)

CHRISTOPHER COWEN

Mailing Address 47 Douglas Street

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

501.67

Date of Receipt

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

Transaction ID: SA11AI.114168

Amount of Each Receipt this Period

64.15

**C.**

Full Name (Last, First, Middle Initial)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

407.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114044

Amount of Each Receipt this Period

27.28

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

137.06

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

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

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

FOR LINE NUMBER: PAGE 61 / 456

(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)

DANNY CRAIG

Mailing Address 18945 Littlefield

City

Detroit

State

MI

Zip Code

48235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.98

Date of Receipt

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

Transaction ID: SA11AI.114088

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

FRED CRAMER

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114151

Amount of Each Receipt this Period

44.18

**C.**

Full Name (Last, First, Middle Initial)

STEVEN W. CRISS

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.113678

Amount of Each Receipt this Period

40.00

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

111.46

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

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

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

FOR LINE NUMBER: PAGE 62 / 456

(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)

JENNY F. CROUCHER

Mailing Address 6625 Buckley Circle  
#201

City State Zip Code  
Inver Grove Hgts. MN 55076

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/ST. PAUL  
P.S.

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114362

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN M. CULEN

Mailing Address 5709 S. Kilbourn Ave.

City State Zip Code  
Chicago IL 60629-4811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.44

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113625

Amount of Each Receipt this Period

31.68

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN M. CULEN

Mailing Address 5709 S. Kilbourn Ave.

City State Zip Code  
Chicago IL 60629-4811

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.12

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113631

Amount of Each Receipt this Period

31.68

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

143.36

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

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

FOR LINE NUMBER: PAGE 63 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

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 ▼

977.15

Date of Receipt

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

Transaction ID: SA11AI.113236

Amount of Each Receipt this Period

65.61

**B.**

Full Name (Last, First, Middle Initial)

JAMES B. CULLEN

Mailing Address 1111 Morningside Avenue

City

Schenectady

State

NY

Zip Code

12308

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 ▼

1042.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113358

Amount of Each Receipt this Period

65.61

**C.**

Full Name (Last, First, Middle Initial)

DEBORAH CURRIE

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113539

Amount of Each Receipt this Period

40.24

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

171.46

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

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

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

FOR LINE NUMBER: PAGE 64 / 456

(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)

TRACY L. CUTRIGHT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114464

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TRACY L. CUTRIGHT

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114532

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY DAINS

Mailing Address 1743 Carl Street

City

Roseville

State

MN

Zip Code

55113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

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

Transaction ID: SA11AI.114169

Amount of Each Receipt this Period

54.00

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

94.00

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



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

Use separate schedule(s)  
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(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)

WILLIAM DANDO

Mailing Address 6630 Huntingdon Street

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSOCIATE LEGISLATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.39

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113540

Amount of Each Receipt this Period

76.24

**B.**

Full Name (Last, First, Middle Initial)

MARK R. DAVIS

Mailing Address 14724 Armin Avenue

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

303.92

Date of Receipt

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

Transaction ID: SA11AI.113473

Amount of Each Receipt this Period

50.99

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

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

Transaction ID: SA11AI.114397

Amount of Each Receipt this Period

10.00

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

137.23

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

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

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

FOR LINE NUMBER: PAGE 66 / 456

(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)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114465

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. DAVIS

Mailing Address 8364 Papillon Avenue

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

INSURANCE COMPLAINT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114533

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERT A. DAVIS

Mailing Address 822 Bovee Lane

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.11

Date of Receipt

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

Transaction ID: SA11AI.113474

Amount of Each Receipt this Period

84.76

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

104.76

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

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

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

FOR LINE NUMBER: PAGE 67 / 456

(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)  
EDGAR DEJESUS

Mailing Address 8 Ralph Street,  
First Floor

City State Zip Code  
Bergenfield NJ 07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.87

Date of Receipt

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

Transaction ID: SA11AI.113237

Amount of Each Receipt this Period

46.03

**B.**

Full Name (Last, First, Middle Initial)  
EDGAR DEJESUS

Mailing Address 8 Ralph Street,  
First Floor

City State Zip Code  
Bergenfield NJ 07621-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

802.90

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113359

Amount of Each Receipt this Period

46.03

**C.**

Full Name (Last, First, Middle Initial)  
CHERYL DELL'AGLIO

Mailing Address 125 State Street

City State Zip Code  
Nicholson PA 18446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113541

Amount of Each Receipt this Period

44.98

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

137.04

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

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

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

FOR LINE NUMBER: PAGE 68 / 456

(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)

MICHAEL A. DELUKE

Mailing Address 844 Manchester Avenue

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.56

Date of Receipt

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

Transaction ID: SA11AI.113475

Amount of Each Receipt this Period

51.32

**B.**

Full Name (Last, First, Middle Initial)

JAYSON DEMAGALL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113754

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JAYSON DEMAGALL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113808

Amount of Each Receipt this Period

20.00

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

91.32

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

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

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

FOR LINE NUMBER: PAGE 69 / 456

(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)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.04

Date of Receipt

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

Transaction ID: SA11AI.113238

Amount of Each Receipt this Period

89.87

**B.**

Full Name (Last, First, Middle Initial)

JOHN C. DEMPSEY

Mailing Address 20235 Watermark Place

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113360

Amount of Each Receipt this Period

89.87

**C.**

Full Name (Last, First, Middle Initial)

CONSTANCE DERR

Mailing Address P.O. Box 116

City

Maspeth

State

NY

Zip Code

11378

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 ▼

723.86

Date of Receipt

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

Transaction ID: SA11AI.113239

Amount of Each Receipt this Period

49.49

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

229.23

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

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

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

FOR LINE NUMBER: PAGE 70 / 456

(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)  
CONSTANCE DERR

Mailing Address P.O. Box 116

City State Zip Code  
Maspeth NY 11378

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 ▼

773.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113361

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)  
LEIOMALAMA DESHA

Mailing Address 1717 Mott Smith Drive  
#1602

City State Zip Code  
Honolulu HI 96822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113679

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114010

Amount of Each Receipt this Period

100.00

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

174.49

**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 71 / 456

(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)

GREG DEVEREUX

Mailing Address 3561 S.E. Kamilehe  
Point Road

City State Zip Code  
Shelton WA 98584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113716

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

JUDY DEVOE

Mailing Address 3256 Ocean Beach Hwy

City State Zip Code  
Longview WA 98632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114011

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM A. DEVORE

Mailing Address 4499 Stover Road

City State Zip Code  
Ostrander OH 43061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.19

Date of Receipt

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

Transaction ID: SA11AI.113476

Amount of Each Receipt this Period

56.50

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

110.50

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

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

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

FOR LINE NUMBER: PAGE 72 / 456

(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)

SANDRA DHONDT

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.54

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113755

Amount of Each Receipt this Period

9.62

**B.**

Full Name (Last, First, Middle Initial)

SANDRA DHONDT

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.16

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113809

Amount of Each Receipt this Period

9.62

**C.**

Full Name (Last, First, Middle Initial)

VICTOR M. DIAZ

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114535

Amount of Each Receipt this Period

12.00

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

31.24

**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 73 / 456

(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)

JEAN M. DIEDERICH

Mailing Address 4741 Grand Ave. So.  
No. 3

City State Zip Code  
Minneapolis MN 55419-5443

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation  
PRINCIPAL CHILD SUPPORT OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1733.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114363

Amount of Each Receipt this Period

108.00

**B.**

Full Name (Last, First, Middle Initial)

RACHEL DIETZ

Mailing Address 1332 Fulton St.

City State Zip Code  
Harrisburg PA 17102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113542

Amount of Each Receipt this Period

46.87

**C.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1015 Washington Street

City State Zip Code  
Brighton MI 48116

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.97

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114046

Amount of Each Receipt this Period

27.28

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

182.15

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

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

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

FOR LINE NUMBER: PAGE 74 / 456

(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)

JEANETTE DIFLORIO

Mailing Address 1015 Washington Street

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

436.25

Date of Receipt

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

Transaction ID: SA11AI.114090

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE DIFLORIO

Mailing Address 1015 Washington Street

City

Brighton

State

MI

Zip Code

48116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114130

Amount of Each Receipt this Period

18.00

**C.**

Full Name (Last, First, Middle Initial)

NORMAND P. DIONNE

Mailing Address 15-2692 Aweoweo Street

City

Pahoa

State

HI

Zip Code

96778

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113680

Amount of Each Receipt this Period

25.00

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

70.28

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

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

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

FOR LINE NUMBER: PAGE 75 / 456

(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)  
LINDA DITTES

Mailing Address 1409 Saltair Avenue  
Apt #103

City State Zip Code  
Los Angeles CA 90025

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 57

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.114314

Amount of Each Receipt this Period

40.00

**B.**

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

Mailing Address 316 Quittie Park Dr.

City State Zip Code  
Annville PA 17003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113543

Amount of Each Receipt this Period

67.80

**C.**

Full Name (Last, First, Middle Initial)  
PETER DOMPIERE

Mailing Address 710 Chippewa Street

City State Zip Code  
Marquette MI 49855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114048

Amount of Each Receipt this Period

21.00

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

128.80

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

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

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

FOR LINE NUMBER: PAGE 76 / 456

(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)

PETER DOMPIERE

Mailing Address 710 Chippewa Street

City

Marquette

State

MI

Zip Code

49855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.114092

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

LORI DONALDSON

Mailing Address 419 1/2 Grant Street

City

Franklin

State

PA

Zip Code

16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113544

Amount of Each Receipt this Period

44.98

**C.**

Full Name (Last, First, Middle Initial)

MARY DONNELLY

Mailing Address 3617 Autumnwood Court, SE

City

Boston Harbor

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114012

Amount of Each Receipt this Period

30.00

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

95.98

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

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

FOR LINE NUMBER: PAGE 77 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROL A. DOTLICH

Mailing Address P.O. Box 731424

City

Puyallup

State

WA

Zip Code

98373

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.114013

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113756

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS C. DRABICK, Jr.

Mailing Address 982 Fortkort Dr.

City

Reynoldsburg

State

OH

Zip Code

43068-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113810

Amount of Each Receipt this Period

40.00

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

122.00

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

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

FOR LINE NUMBER: PAGE 78 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113757

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

PAMELA DUNCAN

Mailing Address 2895 Arrow Smith Drive

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113811

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

DAVID DZIDZIENYO

Mailing Address 1724 Kalorama Road NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DC CN 20

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.00

Date of Receipt

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

Transaction ID: SA11AI.114338

Amount of Each Receipt this Period

138.15

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

215.15

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 79 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

DENNIS EAGLE

Mailing Address 5007 26th Ave., SE

City

Lacey

State

WA

Zip Code

98503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114014

Amount of Each Receipt this Period

80.00

**B.**

Full Name (Last, First, Middle Initial)

LAURIE ECKELS

Mailing Address 42 Profio Road

City

McDonald

State

PA

Zip Code

15057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113545

Amount of Each Receipt this Period

44.08

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE EDWARDS

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.19

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114139

Amount of Each Receipt this Period

36.14

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

160.22

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

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

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

FOR LINE NUMBER: PAGE 80 / 456

(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)

KURT ERRICKSON

Mailing Address 224 No. Smith Avenue  
Apt. #12

City State Zip Code  
Saint Paul MN 55102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.40

Date of Receipt

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

Transaction ID: SA11AI.114170

Amount of Each Receipt this Period

31.30

**B.**

Full Name (Last, First, Middle Initial)

GEORGE ESTRIGHT

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113546

Amount of Each Receipt this Period

40.24

**C.**

Full Name (Last, First, Middle Initial)

SUSAN ESTY

Mailing Address 2257 Park Hill Avenue

City State Zip Code  
Baltimore MD 21211

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114152

Amount of Each Receipt this Period

68.00

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

139.54

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



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

FOR LINE NUMBER: PAGE 81 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE R. EVANS

Mailing Address 10201 Galena Pointe Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.67

Date of Receipt

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

Transaction ID: SA11AI.113478

Amount of Each Receipt this Period

65.06

**B.**

Full Name (Last, First, Middle Initial)

MARY FALK

Mailing Address 11236 Georgia Avenue North

City

North Champlin

State

MN

Zip Code

55316-3800

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

674.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.114204

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHAN FANTAUZZO

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

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

915.04

Date of Receipt

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

Transaction ID: SA11AI.113241

Amount of Each Receipt this Period

59.00

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

184.06

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

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

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

FOR LINE NUMBER: PAGE 82 / 456

(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)

STEPHAN FANTAUZZO

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

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

974.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113363

Amount of Each Receipt this Period

59.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN A. FARBER

Mailing Address 10920 Territorial Drive

City

Burnsville

State

MN

Zip Code

55337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114364

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place, NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.09

Date of Receipt

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

Transaction ID: SA11AI.113242

Amount of Each Receipt this Period

53.67

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

132.67

**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 83 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

RICHARD M. FELLER

Mailing Address 4705 Butterworth Place, NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113364

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

734.43

Date of Receipt

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

Transaction ID: SA11AI.113243

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

RICHARD C. FERLAUTO

Mailing Address 2806 North Somerset Street

City

Arlington

State

VA

Zip Code

22213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, PENSION INVESTMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113365

Amount of Each Receipt this Period

49.49

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

152.65

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 84 / 456

(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)

JOHN J. FILAK, Jr.

Mailing Address 6160 Clingan Road

City

Poland

State

OH

Zip Code

44514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.11

Date of Receipt

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

Transaction ID: SA11AI.113479

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1614.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113547

Amount of Each Receipt this Period

132.72

**C.**

Full Name (Last, First, Middle Initial)

DAVID FILLMAN

Mailing Address 2520 Helen Street

City

Hatboro

State

PA

Zip Code

19040

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1628.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113718

Amount of Each Receipt this Period

14.00

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

231.48

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

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

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

FOR LINE NUMBER: PAGE 85 / 456

(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.**

Full Name (Last, First, Middle Initial)

DIANE FIRKUS

Mailing Address 82203 Trails End Road

City

Bruno

State

MN

Zip Code

55712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.54

Date of Receipt

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

Transaction ID: SA11AI.114171

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

GERALD FIRKUS

Mailing Address 44935 Deerfield Rd.

City

Sturgeon Lake

State

MN

Zip Code

55783-3616

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.29

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114205

Amount of Each Receipt this Period

34.74

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM F. FOGLE

Mailing Address 1534 Bernath Parkway

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.76

Date of Receipt

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

Transaction ID: SA11AI.113480

Amount of Each Receipt this Period

62.30

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

147.04

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

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

Use separate schedule(s)  
for each category of the  
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(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)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113760

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

NANETTE FOLSOM

Mailing Address 5631 Swan Avenue NE

City

North Canton

State

OH

Zip Code

44721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

BUS DRIVER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113814

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY S. FOWLER

Mailing Address 7664 Hinton Avenue South  
Apt. #9

City

Cottage Grove

State

MN

Zip Code

55016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.84

Date of Receipt

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

Transaction ID: SA11AI.114172

Amount of Each Receipt this Period

44.80

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

94.80

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

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

Use separate schedule(s)  
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(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)

MICHAEL E. FOX

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 ▼

1392.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113548

Amount of Each Receipt this Period

106.92

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL E. FOX

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 ▼

1462.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113719

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

WALTER FRANCIS

Mailing Address 1002 Cypress Rd.

City

Wilmington

State

DE

Zip Code

19810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113549

Amount of Each Receipt this Period

44.08

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

221.00

**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

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☒ 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)  
GARETH J. FRANK

Mailing Address 2309 Parkway

City State Zip Code  
Cheverly MD 20785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOC DIRECTOR ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.09

Date of Receipt

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

Transaction ID: SA11AI.113244

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)  
GARETH J. FRANK

Mailing Address 2309 Parkway

City State Zip Code  
Cheverly MD 20785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASSOC DIRECTOR ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113366

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)  
DONALD I. FREES

Mailing Address 131 West Oley Street

City State Zip Code  
Allentown PA 19601

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13/NSP

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113652

Amount of Each Receipt this Period

30.00

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

137.34

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



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

Use separate schedule(s)  
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☒ 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)

MARK J. FRYMOYER

Mailing Address 518 Reuel Avenue

City

Kellogg

State

IA

Zip Code

50134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.114359

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

GAIL FUJIMOTO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

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

Transaction ID: SA11AI.113681

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

606.34

Date of Receipt

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

Transaction ID: SA11AI.113245

Amount of Each Receipt this Period

34.08

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

114.08

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

AMY H. GALATIAN

Mailing Address 10925 Southern Highlands Parkway

City

Las Vegas

State

NV

Zip Code

89141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.42

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113367

Amount of Each Receipt this Period

34.08

**B.**

Full Name (Last, First, Middle Initial)

KERRI GALLAGHER

Mailing Address 8 South Main Street

City

Mountain Top

State

PA

Zip Code

18707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.40

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113550

Amount of Each Receipt this Period

44.08

**C.**

Full Name (Last, First, Middle Initial)

JOHN GALUSKA

Mailing Address 205 Green Vista Drive

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.65

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113551

Amount of Each Receipt this Period

44.08

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

122.24

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette  
Suite 500

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1695.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114050

Amount of Each Receipt this Period

110.20

**B.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette  
Suite 500

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1806.10

Date of Receipt

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

Transaction ID: SA11AI.114094

Amount of Each Receipt this Period

110.20

**C.**

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette  
Suite 500

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1820.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113720

Amount of Each Receipt this Period

14.00

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

234.40

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

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

Use separate schedule(s)  
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☒ 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)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114268

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN P GARRISON

Mailing Address 9 Kings Road

City

Ganesvoort

State

NY

Zip Code

12831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114269

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

DAVID GASH

Mailing Address 226 Hartley Road

City

Hershey

State

PA

Zip Code

17033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113552

Amount of Each Receipt this Period

66.30

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

96.30

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

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

Use separate schedule(s)  
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☒ 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)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.114601

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114602

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGETTE M. GEHRING

Mailing Address 806 Marion Avenue

City

South Milwaukee

State

WI

Zip Code

53172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114603

Amount of Each Receipt this Period

20.00

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

60.00

**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 94 / 456

(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)

RAGLAN GEORGE

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114265

Amount of Each Receipt this Period

143.64

**B.**

Full Name (Last, First, Middle Initial)

RAGLAN GEORGE

Mailing Address 75 Varick Street  
Suite #1404

City State Zip Code  
New York NY 10013-9902

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NY CN 1707

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1064.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113721

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS GIBBS

Mailing Address 152 Upper Claar Rd.

City State Zip Code  
Claysburg PA 16625

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113553

Amount of Each Receipt this Period

66.30

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

223.94

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

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

Use separate schedule(s)  
for each category of the  
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(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)

LENORA R. GILES

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113761

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

LENORA R. GILES

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113815

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City

Washington

State

DC

Zip Code

20008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

871.37

Date of Receipt

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

Transaction ID: SA11AI.113246

Amount of Each Receipt this Period

58.96

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

98.96

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

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

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

FOR LINE NUMBER: PAGE 96 / 456

(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)

KAREN GILGOFF

Mailing Address 3003 Van Ness Street, NW  
#W1023

City State Zip Code  
Washington DC 20008

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ASST. DIRECTOR, RETIREES PROGRAM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.33

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113368

Amount of Each Receipt this Period

58.96

**B.**

Full Name (Last, First, Middle Initial)

GARY L. GILLESPIE

Mailing Address P.O. Box 1

City State Zip Code  
Eugene OR 97440

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114669

Amount of Each Receipt this Period

27.69

**C.**

Full Name (Last, First, Middle Initial)

GEORGE GISIN

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 67

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114140

Amount of Each Receipt this Period

50.44

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

137.09

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



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

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

FOR LINE NUMBER: PAGE 97 / 456

(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)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

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 ▼

1154.11

Date of Receipt

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

Transaction ID: SA11AI.113248

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA GLYNN

Mailing Address 55 Aberdeen Avenue

City

Cambridge

State

MA

Zip Code

02138-4646

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 ▼

1197.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113370

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

MARK GOLDEN

Mailing Address 74 Ice Pond Road

City

Levittown

State

PA

Zip Code

19057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113554

Amount of Each Receipt this Period

66.30

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

153.52

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

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

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

FOR LINE NUMBER: PAGE 98 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

RICHARD GOLLIN

Mailing Address 900 Randolph Place

City

State

Zip Code

Union

NJ

07083-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NJ CN 52

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

667.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113722

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES GOLLINGS

Mailing Address 6805 Oak Creek Drive

City

State

Zip Code

Columbus

OH

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113762

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES GOLLINGS

Mailing Address 6805 Oak Creek Drive

City

State

Zip Code

Columbus

OH

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113816

Amount of Each Receipt this Period

20.00

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

50.00

**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 99 / 456

(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)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.20

Date of Receipt

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

Transaction ID: SA11AI.114381

Amount of Each Receipt this Period

12.95

**B.**

Full Name (Last, First, Middle Initial)

GARY E. GONZALES

Mailing Address 2631 Polvo De Oro Place NW

City

Albuquerque

State

NM

Zip Code

87120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114378

Amount of Each Receipt this Period

12.95

**C.**

Full Name (Last, First, Middle Initial)

SHERRYL GORDON

Mailing Address 3 Longwood Lane

City

Columbus

State

NJ

Zip Code

08022-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME NJ CN 1

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114264

Amount of Each Receipt this Period

20.00

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

45.90

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

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

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

FOR LINE NUMBER: PAGE 100 / 456

(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)  
SHERRYL GORDON

Mailing Address 3 Longwood Lane

City State Zip Code  
Columbus NJ 08022-0000

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME NJ CN 1

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113723

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)  
MARY M. GOULDING

Mailing Address 2483 Hemlock Court

City State Zip Code  
Green Bay WI 54311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40

Occupation  
SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

944.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114278

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)  
JOHN GRABEL

Mailing Address 1725 Fremont Avenue

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
WI CN 11

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.42

Date of Receipt

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

Transaction ID: SA11AI.114291

Amount of Each Receipt this Period

51.06

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

100.06

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

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

FOR LINE NUMBER: PAGE 101 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: SA11AI.114051

Amount of Each Receipt this Period

19.72

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH GRACE

Mailing Address 4673 Bailey Road

City

Dimondale

State

MI

Zip Code

48821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.02

Date of Receipt

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

Transaction ID: SA11AI.114095

Amount of Each Receipt this Period

19.72

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City

College Park

State

MD

Zip Code

20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.16

Date of Receipt

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

Transaction ID: SA11AI.113249

Amount of Each Receipt this Period

40.08

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

79.52

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

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

FOR LINE NUMBER: PAGE 102 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEPHEN M. GRAHAM

Mailing Address 10105 Baltimore Avenue  
Apt. 3407

City	State	Zip Code
College Park	MD	20740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.24

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113371

Amount of Each Receipt this Period

40.08

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City	State	Zip Code
Aquasco	MD	20608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.29

Date of Receipt

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

Transaction ID: SA11AI.113250

Amount of Each Receipt this Period

35.56

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA K. GRANT

Mailing Address 17420 Aquasco Farm Road

City	State	Zip Code
Aquasco	MD	20608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.85

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113372

Amount of Each Receipt this Period

35.56

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

111.20

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 103 / 456

(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)

BEN GRANTHAM

Mailing Address 1110 Chestnut Street S.E.  
#202

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114015

Amount of Each Receipt this Period

39.32

**B.**

Full Name (Last, First, Middle Initial)

R. SEAN GRAYSON

Mailing Address 10201 Galena Pointe Drive

City State Zip Code  
Galena OH 43021

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

819.38

Date of Receipt

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

Transaction ID: SA11AI.113481

Amount of Each Receipt this Period

103.18

**C.**

Full Name (Last, First, Middle Initial)

JONATHAN GREBNER

Mailing Address 840 Randolph Avenue

City State Zip Code  
Saint Paul MN 55102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
POLITICAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.40

Date of Receipt

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

Transaction ID: SA11AI.114173

Amount of Each Receipt this Period

56.60

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

199.10

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

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

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

FOR LINE NUMBER: PAGE 104 / 456

(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)

PATRICIA GREEN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113555

Amount of Each Receipt this Period

44.98

**B.**

Full Name (Last, First, Middle Initial)

RONALD J. GREEN

Mailing Address 16425 Bubbling View Drive

City

Cerritos

State

CA

Zip Code

90703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 3634

Occupation

TRANSIT SUPERVISOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114302

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.30

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114052

Amount of Each Receipt this Period

19.72

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

264.70

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



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

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

FOR LINE NUMBER: PAGE 105 / 456

(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)

FRANKLIN GREENE

Mailing Address 3709 Darcey Lane

City

Flint

State

MI

Zip Code

48506-5001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

314.02

Date of Receipt

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

Transaction ID: SA11AI.114096

Amount of Each Receipt this Period

19.72

**B.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1198.46

Date of Receipt

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

Transaction ID: SA11AI.113252

Amount of Each Receipt this Period

77.23

**C.**

Full Name (Last, First, Middle Initial)

STEVE GRETSUK

Mailing Address 7803 Desiree Street

City

Alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.69

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113374

Amount of Each Receipt this Period

77.23

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

174.18

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

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

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

FOR LINE NUMBER: PAGE 106 / 456

(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)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City State Zip Code  
Suitland MD 20746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.06

Date of Receipt

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

Transaction ID: SA11AI.113253

Amount of Each Receipt this Period

25.54

**B.**

Full Name (Last, First, Middle Initial)

KIMBERLY GRIFFIN

Mailing Address 4109 Silver Park Terrace

City State Zip Code  
Suitland MD 20746

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113375

Amount of Each Receipt this Period

25.54

**C.**

Full Name (Last, First, Middle Initial)

ALLA GRIFFING

Mailing Address 1212 Jefferson St. SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114016

Amount of Each Receipt this Period

42.00

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

93.08

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

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

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

FOR LINE NUMBER: PAGE 107 / 456

(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)

OTTO GROENEWALD

Mailing Address ROUTE 9 BOX 154

City

BLOOMFIELD

State

IA

Zip Code

52537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: SA11AI.114360

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DANIEL GROVE

Mailing Address 131 Scanlon Dirve

City

Franklin

State

PA

Zip Code

16323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113556

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

PATRICK J. GUERNSEY

Mailing Address 961 Tuscarora Avenue

City

St. Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

CORRECITONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114365

Amount of Each Receipt this Period

24.00

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

130.30

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 108 / 456

(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)

CAROL GUTHRIE

Mailing Address 241 S San Gabriel Loop

City

Liberty Hill

State

TX

Zip Code

78642-5747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation

UNION REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.114274

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. HAGGARD

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.92

Date of Receipt

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

Transaction ID: SA11AI.114237

Amount of Each Receipt this Period

40.80

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. HAGGARD

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114244

Amount of Each Receipt this Period

40.80

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

96.60

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

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

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

FOR LINE NUMBER: PAGE 109 / 456

(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)

DERRYL HALL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113763

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

DERRYL HALL

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113817

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

JANE E. HALL

Mailing Address 16606 Bealle Hill Rd.

City

Wardorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.28

Date of Receipt

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

Transaction ID: SA11AI.113255

Amount of Each Receipt this Period

29.56

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

68.04

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

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

FOR LINE NUMBER: PAGE 110 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANE E. HALL

Mailing Address 16606 Bealle Hill Rd.

City

Wardorf

State

MD

Zip Code

20601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113376

Amount of Each Receipt this Period

29.86

**B.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.93

Date of Receipt

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

Transaction ID: SA11AI.113256

Amount of Each Receipt this Period

30.43

**C.**

Full Name (Last, First, Middle Initial)

JENNIFER E. HALL

Mailing Address 1205 Sweeney Drive  
Apt. 6

City

Middleton

State

WI

Zip Code

53562

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113377

Amount of Each Receipt this Period

30.43

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

90.72

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

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

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

FOR LINE NUMBER: PAGE 111 / 456

(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)

DANIEL HAMILTON

Mailing Address 1417 Basswood Court

City

East Lansing

State

MI

Zip Code

48823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.37

Date of Receipt

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

Transaction ID: SA11AI.114097

Amount of Each Receipt this Period

12.50

**B.**

Full Name (Last, First, Middle Initial)

LORI HAMILTON

Mailing Address 4705 Hollenbeck Rd

City

Columbiaville

State

MI

Zip Code

48421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/GENESEE  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114348

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DAWN HANDY

Mailing Address 2560 Edmondson Avenue

City

Baltimore

State

MD

Zip Code

21223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

ADMIN ASST./TECH SUPERVISOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114141

Amount of Each Receipt this Period

40.00

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

102.50

**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 112 / 456

(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)

EUGINE HANKS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.99

Date of Receipt

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

Transaction ID: SA11AI.114238

Amount of Each Receipt this Period

35.04

**B.**

Full Name (Last, First, Middle Initial)

EUGINE HANKS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114245

Amount of Each Receipt this Period

35.04

**C.**

Full Name (Last, First, Middle Initial)

RYAN HANSON

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.98

Date of Receipt

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

Transaction ID: SA11AI.114174

Amount of Each Receipt this Period

42.00

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

112.08

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



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

Use separate schedule(s)  
for each category of the  
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(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)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.25

Date of Receipt

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

Transaction ID: SA11AI.113257

Amount of Each Receipt this Period

30.75

**B.**

Full Name (Last, First, Middle Initial)

YVONNE J. HARGROVE

Mailing Address 12832 Evansport PI

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

492.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113378

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114054

Amount of Each Receipt this Period

30.01

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

91.51

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

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

FOR LINE NUMBER: PAGE 114 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM HARPER

Mailing Address 5073 Rohns

City

Detroit

State

MI

Zip Code

48213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

479.75

Date of Receipt

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

Transaction ID: SA11AI.114098

Amount of Each Receipt this Period

30.01

**B.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1280.54

Date of Receipt

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

Transaction ID: SA11AI.113258

Amount of Each Receipt this Period

81.57

**C.**

Full Name (Last, First, Middle Initial)

STEPHANIE HARRISON

Mailing Address 7824 Main Falls Creek

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1362.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113379

Amount of Each Receipt this Period

81.57

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

193.15

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

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

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

FOR LINE NUMBER: PAGE 115 / 456

(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)

EDWARD HARTMAN

Mailing Address 710 County Road

City

Proctorville

State

WV

Zip Code

45669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WV CN 77

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.114288

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.41

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114055

Amount of Each Receipt this Period

13.64

**C.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.05

Date of Receipt

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

Transaction ID: SA11AI.114099

Amount of Each Receipt this Period

13.64

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

77.28

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

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

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

FOR LINE NUMBER: PAGE 116 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MARY C. HARTWIG

Mailing Address 466 Prospect

City

Muir

State

MI

Zip Code

48860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.05

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114127

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

RAYDENE HARWICK

Mailing Address 2101-27 Hill Road  
Apt. #1

City

Sellersville

State

PA

Zip Code

18960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113557

Amount of Each Receipt this Period

40.24

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. HATCHER

Mailing Address P. O. Box 231

City

Monticello

State

KY

Zip Code

42633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.95

Date of Receipt

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

Transaction ID: SA11AI.113259

Amount of Each Receipt this Period

56.93

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

127.17

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

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

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

FOR LINE NUMBER: PAGE 117 / 456

(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)  
MICHAEL D. HATCHER

Mailing Address P. O. Box 231

City State Zip Code  
Monticello KY 42633

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113380

Amount of Each Receipt this Period

56.93

**B.**

Full Name (Last, First, Middle Initial)  
JIMMIE HEARNS

Mailing Address 18509 Mendota

City State Zip Code  
Detroit MI 48221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.76

Date of Receipt

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

Transaction ID: SA11AI.114128

Amount of Each Receipt this Period

2.00

**C.**

Full Name (Last, First, Middle Initial)  
JIMMIE HEARNS

Mailing Address 18509 Mendota

City State Zip Code  
Detroit MI 48221

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

530.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114056

Amount of Each Receipt this Period

32.99

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

91.92

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

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

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

FOR LINE NUMBER: PAGE 118 / 456

(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)

JIMMIE HEARNS

Mailing Address 18509 Mendota

City

Detroit

State

MI

Zip Code

48221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.74

Date of Receipt

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

Transaction ID: SA11AI.114100

Amount of Each Receipt this Period

32.99

**B.**

Full Name (Last, First, Middle Initial)

PHILIP W. HELMS

Mailing Address 4108 Menton

City

Flint

State

MI

Zip Code

48507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

762.55

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114057

Amount of Each Receipt this Period

50.86

**C.**

Full Name (Last, First, Middle Initial)

PHILIP W. HELMS

Mailing Address 4108 Menton

City

Flint

State

MI

Zip Code

48507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

813.41

Date of Receipt

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

Transaction ID: SA11AI.114101

Amount of Each Receipt this Period

50.86

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

134.71

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

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

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

FOR LINE NUMBER: PAGE 119 / 456

(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)

SIDNEY L. HELSETH

Mailing Address 6554 Craig Avenue

City

Inver Grove Hgts.

State

MN

Zip Code

55076-1700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

532.14

Date of Receipt

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

Transaction ID: SA11AI.114175

Amount of Each Receipt this Period

66.72

**B.**

Full Name (Last, First, Middle Initial)

DAVID J. HENDERSON

Mailing Address 2040 Spring Valley Raod

City

Pittsburgh

State

PA

Zip Code

15243-1422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

593.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113558

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

KAY HENDERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.113878

Amount of Each Receipt this Period

20.00

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

153.02

**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

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(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)

KAY HENDERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113957

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

RICK HENSON

Mailing Address 317 South F Street

City State Zip Code  
Springfield OR 97477

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OR CN 75

Occupation  
COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114654

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.114408

Amount of Each Receipt this Period

20.00

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

125.00

**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 121 / 456

(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)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114476

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

DANA E. HERMAN

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114544

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

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

Transaction ID: SA11AI.114409

Amount of Each Receipt this Period

11.00

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

51.00

**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 122 / 456

(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)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114477

Amount of Each Receipt this Period

11.00

**B.**

Full Name (Last, First, Middle Initial)

QUIDA L. HIGBEE

Mailing Address 799 East Blvd.

City

Cleveland

State

OH

Zip Code

44108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

JOB & FAMILY SVCS OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114545

Amount of Each Receipt this Period

11.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

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 ▼

686.11

Date of Receipt

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

Transaction ID: SA11AI.113260

Amount of Each Receipt this Period

43.61

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

65.61

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

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

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

FOR LINE NUMBER: PAGE 123 / 456

(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)

ELIZABETH C. HO

Mailing Address 1511 Kalaniewai Street

City

Honolulu

State

HI

Zip Code

96821

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 ▼

729.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113381

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

MARGARET HOAK

Mailing Address P.O. Box 264

City

Warren

State

PA

Zip Code

16365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

544.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113560

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

KARLA HODGE

Mailing Address 1212 N. 14th Street

City

Harrisburg

State

PA

Zip Code

17103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113561

Amount of Each Receipt this Period

66.30

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

176.21

**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 124 / 456

(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)

DANNY HOMAN

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1481.04

Date of Receipt

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

Transaction ID: SA11AI.114353

Amount of Each Receipt this Period

71.64

**B.**

Full Name (Last, First, Middle Initial)

DANNY HOMAN

Mailing Address 4320 NW Second Avenue

City

Des Moines

State

IA

Zip Code

50313

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1623.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113724

Amount of Each Receipt this Period

142.00

**C.**

Full Name (Last, First, Middle Initial)

JESSIE F R HOOMALU

Mailing Address P.O. Box 908

City

Haleiwa

State

HI

Zip Code

96712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.113683

Amount of Each Receipt this Period

50.00

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

263.64

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

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

FOR LINE NUMBER: PAGE 125 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

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

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

308.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113764

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JOHN D. HORN

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

STAFF REPRESENTATIVE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

327.84

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113818

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

ROBERT J. HUBBARD

Mailing Address 150 S. Iowa Avenue

City

Payette

State

ID

Zip Code

83661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

SECURITY GUARD

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.114672

Amount of Each Receipt this Period

40.00

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

78.48

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

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

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

FOR LINE NUMBER: PAGE 126 / 456

(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)

SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City

Carnegie

State

PA

Zip Code

15106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.95

Date of Receipt

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

Transaction ID: SA11AI.113261

Amount of Each Receipt this Period

21.73

**B.**

Full Name (Last, First, Middle Initial)

SAMUEL M. HUGGINS

Mailing Address 235 Scenic Hill Drive

City

Carnegie

State

PA

Zip Code

15106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.68

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113382

Amount of Each Receipt this Period

21.73

**C.**

Full Name (Last, First, Middle Initial)

STEVE HUGHES

Mailing Address 825 NE 80th Avenue

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

COUNCIL REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114655

Amount of Each Receipt this Period

30.00

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

73.46

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

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

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

FOR LINE NUMBER: PAGE 127 / 456

(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)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.113884

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

REIDUN C. INMAN

Mailing Address 7005 203rd Avenue East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113963

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

CARLA INSINGA-MINSER

Mailing Address 4287 South Carolina Drive

City

Blue Ridge

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113562

Amount of Each Receipt this Period

88.18

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

148.18

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

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

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

FOR LINE NUMBER: PAGE 128 / 456

(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)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

598.64

Date of Receipt

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

Transaction ID: SA11AI.113262

Amount of Each Receipt this Period

37.97

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM ISLER

Mailing Address 7708 Quest Lane

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.61

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113383

Amount of Each Receipt this Period

37.97

**C.**

Full Name (Last, First, Middle Initial)

ALBERT JACKSON

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113765

Amount of Each Receipt this Period

19.24

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

95.18

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



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

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

FOR LINE NUMBER: PAGE 129 / 456

(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)

ALBERT JACKSON

Mailing Address 6805 Oak Creek Drive

City State Zip Code  
 Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.88

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113819

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

LEONARD JACKSON

Mailing Address 190 W. Ostend Street  
 Suite 101

City State Zip Code  
 Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.60

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114154

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

JUSTUS JAMES

Mailing Address 1705 Platt Court

City State Zip Code  
 Allentown PA 18104

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.90

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113563

Amount of Each Receipt this Period

44.08

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

98.32

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

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

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

FOR LINE NUMBER: PAGE 130 / 456

(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)

EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.09

Date of Receipt

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

Transaction ID: SA11AI.113263

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

EDWIN S. JAYNE

Mailing Address 3304 Alabama Avenue

City

Alexandria

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113384

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

635.97

Date of Receipt

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

Transaction ID: SA11AI.113264

Amount of Each Receipt this Period

39.73

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

147.07

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

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

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

FOR LINE NUMBER: PAGE 131 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

PAMELA L. JENKINS

Mailing Address 47604 Sandbank Square

City

Sterling

State

VA

Zip Code

20165

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113385

Amount of Each Receipt this Period

39.73

**B.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.28

Date of Receipt

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

Transaction ID: SA11AI.114604

Amount of Each Receipt this Period

12.58

**C.**

Full Name (Last, First, Middle Initial)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

213.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114605

Amount of Each Receipt this Period

12.58

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

64.89

**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 132 / 456

(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)

THERESA M. JENNEMAN

Mailing Address 8033 Excelsior Drive

City

Madison

State

WI

Zip Code

53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

UNIVERSITY PROGRAM ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114606

Amount of Each Receipt this Period

12.58

**B.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.113659

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.113660

Amount of Each Receipt this Period

50.00

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

112.58

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

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

Use separate schedule(s)  
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(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)

RUTH JERELS

Mailing Address 1170 Winton Avenue

City

Akron

State

OH

Zip Code

44320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8/SUMMIT COU-  
NTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.113661

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3

City

Nutley

State

NJ

Zip Code

07110-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

489.81

Date of Receipt

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

Transaction ID: SA11AI.113265

Amount of Each Receipt this Period

32.95

**C.**

Full Name (Last, First, Middle Initial)

FRANK X. JEREZ

Mailing Address 460 Center Street  
Apt. #3

City

Nutley

State

NJ

Zip Code

07110-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEAD ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113386

Amount of Each Receipt this Period

32.95

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

115.90

**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

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(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)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

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

Transaction ID: SA11AI.113266

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE C. JETT

Mailing Address 4503 Sandy Oak Terrace

City

Chester

State

VA

Zip Code

23831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113387

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

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 ▼

654.11

Date of Receipt

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

Transaction ID: SA11AI.113267

Amount of Each Receipt this Period

43.61

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

83.61

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

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

Use separate schedule(s)  
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(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)

GEORGE T. JOHNSON

Mailing Address 3853 Fairfax Square

City

Fairfax

State

VA

Zip Code

22031-4200

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 ▼

697.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113388

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

JEFFREY A. JOHNSON

Mailing Address 4522 Forest Valley Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

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

Transaction ID: SA11AI.114607

Amount of Each Receipt this Period

22.00

**C.**

Full Name (Last, First, Middle Initial)

JEFFREY A. JOHNSON

Mailing Address 4522 Forest Valley Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114608

Amount of Each Receipt this Period

22.00

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

87.61

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

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

FOR LINE NUMBER: PAGE 136 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JEFFREY A. JOHNSON

Mailing Address 4522 Forest Valley Road

City

Wausau

State

WI

Zip Code

54403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.114609

Amount of Each Receipt this Period

22.00

**B.**

Full Name (Last, First, Middle Initial)

WINSTON JOHNSON

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: SA11AI.114060

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

WINSTON JOHNSON

Mailing Address 14574 Longacre

City

Detroit

State

MI

Zip Code

48227-1448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.88

Date of Receipt

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

Transaction ID: SA11AI.114104

Amount of Each Receipt this Period

27.28

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

76.56

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



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

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(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)

JOANN JOHNTONY

Mailing Address 973 Shannon Road

City

Girard

State

OH

Zip Code

44420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4/GIRARD CSD

Occupation

CUSTODIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

427.99

Date of Receipt

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

Transaction ID: SA11AI.113849

Amount of Each Receipt this Period

19.23

**B.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.09

Date of Receipt

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

Transaction ID: SA11AI.113268

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

JUDY A. JONES

Mailing Address 115 S Oak Street

City

Falls Church

State

VA

Zip Code

22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113389

Amount of Each Receipt this Period

53.67

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

126.57

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

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

Use separate schedule(s)  
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(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)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114250

Amount of Each Receipt this Period

26.07

**B.**

Full Name (Last, First, Middle Initial)

MARK JONES

Mailing Address 1201 Old Highway 63 South  
Apt. 105

City State Zip Code  
Columbia MO 65201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
CAMPAIGN MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.05

Date of Receipt

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

Transaction ID: SA11AI.114256

Amount of Each Receipt this Period

26.07

**C.**

Full Name (Last, First, Middle Initial)

BLONDIE JORDAN

Mailing Address 7811 Bay Cedar Drive

City State Zip Code  
Orlando FL 32835

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113626

Amount of Each Receipt this Period

50.00

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

102.14

**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

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(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)

BLONDIE JORDAN

Mailing Address 7811 Bay Cedar Drive

City

Orlando

State

FL

Zip Code

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L/STATE STREET

Occupation  
RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113632

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2317.08

Date of Receipt

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

Transaction ID: SA11AI.113269

Amount of Each Receipt this Period

154.47

**C.**

Full Name (Last, First, Middle Initial)

CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City

Fairfax

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, FINANCIAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2471.55

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113390

Amount of Each Receipt this Period

154.47

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

358.94

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

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

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

FOR LINE NUMBER: PAGE 140 / 456

(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)  
MATT KADOW

Mailing Address 8033 Excelsior Drive  
Suite A

City State Zip Code  
Madison WI 53717-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 11

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.68

Date of Receipt

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

Transaction ID: SA11AI.114290

Amount of Each Receipt this Period

31.24

**B.**

Full Name (Last, First, Middle Initial)  
RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City State Zip Code  
Milwaukee WI 53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.114610

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City State Zip Code  
Milwaukee WI 53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114611

Amount of Each Receipt this Period

20.00

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

71.24

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

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

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for each category of the  
Detailed Summary Page

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(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.**

Full Name (Last, First, Middle Initial)

RONALD T. KEENAN

Mailing Address 2012 N 36th Street

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114612

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.38

Date of Receipt

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

Transaction ID: SA11AI.113270

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

LISA HARRIS KELLY

Mailing Address 9800 Muirfield Drive

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SENIOR SPEECH WRITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113391

Amount of Each Receipt this Period

49.49

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

118.98

**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 142 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DEBORAH L. KERBEN

Mailing Address 852 66th Avenue

City

Brooklyn Center

State

MN

Zip Code

55430-1612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/UNIV OF MN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.114366

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

ADRIENNE J. KERN

Mailing Address P.O. Box 44

City

Hawthorne

State

WI

Zip Code

54842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.20

Date of Receipt

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

Transaction ID: SA11AI.114176

Amount of Each Receipt this Period

38.90

**C.**

Full Name (Last, First, Middle Initial)

DEBRA KIDNEY

Mailing Address 6420 N. Willamette Blvd.

City

Portland

State

OR

Zip Code

97203-5655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: SA11AI.114656

Amount of Each Receipt this Period

65.00

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

153.90

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

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

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

FOR LINE NUMBER: PAGE 143 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JILL KIELBLOCK

Mailing Address 581 Gotzian Street

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.14

Date of Receipt

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

Transaction ID: SA11AI.114177

Amount of Each Receipt this Period

66.72

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN E. KING

Mailing Address 41 Ellis Road

City

Stoneboro

State

PA

Zip Code

16153

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113640

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

822.09

Date of Receipt

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

Transaction ID: SA11AI.113271

Amount of Each Receipt this Period

53.67

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

162.39

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

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

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

FOR LINE NUMBER: PAGE 144 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

GREGORY J. KING

Mailing Address 147 W Linvale Street

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113392

Amount of Each Receipt this Period

53.67

**B.**

Full Name (Last, First, Middle Initial)

R. MICHAEL KIRKPATRICK

Mailing Address 6131 Mifflin Avenue

City

Harrisburg

State

PA

Zip Code

17111-4259

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

DIRECTOR, GRIEVANCE DEPT.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

788.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113564

Amount of Each Receipt this Period

90.74

**C.**

Full Name (Last, First, Middle Initial)

SHIRLEY KIRKWOOD

Mailing Address 1232 Winding Way

City

Tobyhanna

State

PA

Zip Code

18466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113565

Amount of Each Receipt this Period

66.30

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

210.71

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



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

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

FOR LINE NUMBER: PAGE 145 / 456

(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)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

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

Transaction ID: SA11AI.114417

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114485

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN M. KIRWIN

Mailing Address 1426 Fairview Avenue

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

ENVIRONMENTAL SPECIALIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114553

Amount of Each Receipt this Period

20.00

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

60.00

**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 146 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH KLEMAN

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

731.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113566

Amount of Each Receipt this Period

83.26

**B.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.31

Date of Receipt

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

Transaction ID: SA11AI.113272

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City

Louisville

State

KY

Zip Code

40272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

691.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113393

Amount of Each Receipt this Period

43.61

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

170.48

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

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

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

FOR LINE NUMBER: PAGE 147 / 456

(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)

NANCY KNEPP

Mailing Address 22 Edgewood Drive

City

Mechanicsburg

State

PA

Zip Code

17055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113567

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

LYNNETTE KNIGHT

Mailing Address 1212 Jefferson St. SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114023

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

MARCIA R. KNOX

Mailing Address 1660 Newton Avenue

City

Dayton

State

OH

Zip Code

45406-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.11

Date of Receipt

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

Transaction ID: SA11AI.113483

Amount of Each Receipt this Period

86.01

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

173.31

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

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

FOR LINE NUMBER: PAGE 148 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1048.51

Date of Receipt

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

Transaction ID: SA11AI.113273

Amount of Each Receipt this Period

68.77

**B.**

Full Name (Last, First, Middle Initial)

KERRY KORPI

Mailing Address 8913 First Avenue

City

Silver Spring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1117.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113394

Amount of Each Receipt this Period

68.77

**C.**

Full Name (Last, First, Middle Initial)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1116.09

Date of Receipt

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

Transaction ID: SA11AI.113274

Amount of Each Receipt this Period

74.67

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

212.21

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 149 / 456

(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)

STEVEN KREISBERG

Mailing Address 9954 Whitewater Drive

City

Burke

State

VA

Zip Code

22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE DIRECTOR, RESEARCH

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113395

Amount of Each Receipt this Period

74.67

**B.**

Full Name (Last, First, Middle Initial)

BARBARA KREMP

Mailing Address 302 Donnelly Avenue

City

Aston

State

PA

Zip Code

19014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.38

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113568

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

BEVERLY KRISS

Mailing Address 1410 Bush Street  
Suite A

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114142

Amount of Each Receipt this Period

38.46

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

179.43

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 150 / 456  
(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CAROLEE C KUBO

Mailing Address 1919 Young Street

City

Honolulu

State

HI

Zip Code

96826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

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

Transaction ID: SA11AI.113685

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

RONALD D. KUCHLER

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.50

Date of Receipt

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

Transaction ID: SA11AI.113890

Amount of Each Receipt this Period

14.50

**C.**

Full Name (Last, First, Middle Initial)

RONALD D. KUCHLER

Mailing Address 1212 Jefferson St., SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113969

Amount of Each Receipt this Period

21.00

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

60.50

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

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

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☒ 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)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.86

Date of Receipt

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

Transaction ID: SA11AI.113275

Amount of Each Receipt this Period

56.88

**B.**

Full Name (Last, First, Middle Initial)

THOMAS E. KULIKOSKY

Mailing Address 400 Old Dominion Avenue

City

Herndon

State

VA

Zip Code

20170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AUDITING MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

905.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113396

Amount of Each Receipt this Period

56.88

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. KUNK

Mailing Address 3517 Pine Green Drive

City

Dayton

State

OH

Zip Code

45414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

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

Transaction ID: SA11AI.113484

Amount of Each Receipt this Period

40.50

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

154.26

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113891

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

RANDALL KURTZ

Mailing Address 8019 64th Drive NE

City

Marysville

State

WA

Zip Code

98270-6208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
FSS III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113970

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

FRANCIS M. LALLY, III

Mailing Address 5 Vansant Rd., Deacon's Walk

City

Newark

State

DE

Zip Code

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.18

Date of Receipt

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

Transaction ID: SA11AI.114239

Amount of Each Receipt this Period

61.58

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

91.58

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



# **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

**A.**

Full Name (Last, First, Middle Initial)

FRANCIS M. LALLY, III

Mailing Address 5 Vansant Rd., Deacon's Walk

City

State

Zip Code

Newark

DE

19711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114246

Amount of Each Receipt this Period

61.58

**B.**

Full Name (Last, First, Middle Initial)

JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City

State

Zip Code

New York

NY

10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL PROJECTS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.94

Date of Receipt

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

Transaction ID: SA11AI.113276

Amount of Each Receipt this Period

56.73

**C.**

Full Name (Last, First, Middle Initial)

JOSE A. LALUZ, JR.

Mailing Address 16 E 98 Street  
Apt. 6F

City

State

Zip Code

New York

NY

10029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL PROJECTS MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

907.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113397

Amount of Each Receipt this Period

56.73

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

175.04

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH LARSEN

Mailing Address 900 Grant Street SW

City

Tumwater

State

WA

Zip Code

98512-6335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

514.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114024

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

DANA LARSON

Mailing Address 8111 Lake Pleasant Rd

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.02

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113569

Amount of Each Receipt this Period

35.62

**C.**

Full Name (Last, First, Middle Initial)

S. J. LARUE

Mailing Address 106 Haskell Drive

City

Lancaster

State

PA

Zip Code

17601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

CLERICAL/ADMINISTRATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113642

Amount of Each Receipt this Period

30.00

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

105.62

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

# **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

**A.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.44

Date of Receipt

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

Transaction ID: SA11AI.114613

Amount of Each Receipt this Period

14.34

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114614

Amount of Each Receipt this Period

14.34

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE P. LAUTENSCHLAGER

Mailing Address 1215 Carr Place

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.12

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114615

Amount of Each Receipt this Period

14.34

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

43.02

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

# **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

**A.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

533.41

Date of Receipt

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

Transaction ID: SA11AI.113277

Amount of Each Receipt this Period

35.13

**B.**

Full Name (Last, First, Middle Initial)

ALAN L. LEE

Mailing Address 1539 Tigertail Court

City

Palmdale

State

CA

Zip Code

93551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL UNION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113398

Amount of Each Receipt this Period

35.13

**C.**

Full Name (Last, First, Middle Initial)

NEILDA C. LEE

Mailing Address 1217 Gallatin Street, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.52

Date of Receipt

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

Transaction ID: SA11AI.113278

Amount of Each Receipt this Period

88.50

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

158.76

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

# **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

**A.**

Full Name (Last, First, Middle Initial)

NEILDAC. LEE

Mailing Address 1217 Gallatin Street, NW

City

Washington

State

DC

Zip Code

20011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1433.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113399

Amount of Each Receipt this Period

88.50

**B.**

Full Name (Last, First, Middle Initial)

SUE C. LEE-ALLEN

Mailing Address 7935 SW Santolina Place

City

Beaverton

State

OR

Zip Code

97008-6272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114657

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC N. LEHTO

Mailing Address 2122 West 2nd Street  
Apt. #2

City

Duluth

State

MN

Zip Code

55086

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

842.76

Date of Receipt

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

Transaction ID: SA11AI.114178

Amount of Each Receipt this Period

103.22

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

261.72

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

# **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

**A.**

Full Name (Last, First, Middle Initial)

DANIEL LEMBO

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114156

Amount of Each Receipt this Period

18.75

**B.**

Full Name (Last, First, Middle Initial)

CECILIA LEWANDOWSKI

Mailing Address 1633 N Arlington Place  
#1907

City State Zip Code  
Milwaukee WI 53202

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
UNIVERSITY PROGRAM ASSOCIATE II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114618

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City State Zip Code  
Owosso MI 48867

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114061

Amount of Each Receipt this Period

24.53

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

63.28

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

# **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

**A.**

Full Name (Last, First, Middle Initial)

BARBARA LEWIS

Mailing Address 2650 S. M-52 Highway

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.48

Date of Receipt

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

Transaction ID: SA11AI.114105

Amount of Each Receipt this Period

24.53

**B.**

Full Name (Last, First, Middle Initial)

GREG LEWIS

Mailing Address 1816 E. 22nd Street

City

Des Moines

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID: SA11AI.114361

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

VALERY LIGHT

Mailing Address 32 Barley Lane

City

Palmyra

State

PA

Zip Code

17078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113570

Amount of Each Receipt this Period

63.08

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

127.61

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

THERESA LIPKO

Mailing Address 117 South Main Street

City

Carbondale

State

PA

Zip Code

18407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113571

Amount of Each Receipt this Period

40.24

**B.**

Full Name (Last, First, Middle Initial)

ISMAEL LIRIANO

Mailing Address 6905 Victoria Drive  
#2

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.06

Date of Receipt

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

Transaction ID: SA11AI.113279

Amount of Each Receipt this Period

28.72

**C.**

Full Name (Last, First, Middle Initial)

ISMAEL LIRIANO

Mailing Address 6905 Victoria Drive  
#2

City

Alexandria

State

VA

Zip Code

22310

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113400

Amount of Each Receipt this Period

28.72

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

97.68

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



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

Use separate schedule(s)  
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(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)  
COREY LOCKARD

Mailing Address P.O. Box 22

City State Zip Code  
Benton PA 17814

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

496.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113572

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)  
KIP LOCKHART

Mailing Address 139 Simpkins Drive

City State Zip Code  
Bristol CT 06010

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CT CN 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.02

Date of Receipt

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

Transaction ID: SA11AI.114324

Amount of Each Receipt this Period

93.03

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J. LOFQUIST

Mailing Address 43426 Birchview Road

City State Zip Code  
Sturgeon Lake MN 55783-9802

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.114179

Amount of Each Receipt this Period

50.00

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

209.33

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)  
LISABETH LONG

Mailing Address P.O. Box 82

City State Zip Code  
Falls Creek PA 15840-0082

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
EDUCATION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.33

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113573

Amount of Each Receipt this Period

88.18

**B.**

Full Name (Last, First, Middle Initial)  
RANDY LORELLO

Mailing Address 3628 55th Court, SE

City State Zip Code  
Olympia WA 98503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28

Occupation  
DIR. UNION / MGMT. ACTIV.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114025

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES M. LOVELESS

Mailing Address 1112 Euclid Street NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, LEGISLATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.10

Date of Receipt

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

Transaction ID: SA11AI.113280

Amount of Each Receipt this Period

73.34

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

211.52

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

CHARLES M. LOVELESS

Mailing Address 1112 Euclid Street NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, LEGISLATION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1173.44

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113401

Amount of Each Receipt this Period

73.34

**B.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.00

Date of Receipt

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

Transaction ID: SA11AI.114325

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

SALVATORE LUCIANO

Mailing Address 444 East Main Street

City

New Britain

State

CT

Zip Code

06051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1029.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113725

Amount of Each Receipt this Period

14.00

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

237.34

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1941.90

Date of Receipt

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

Transaction ID: SA11AI.113281

Amount of Each Receipt this Period

142.06

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM LUCY

Mailing Address 1831 Sudbury Lane NW

City

Washington

State

DC

Zip Code

20012-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SECRETARY TREASURER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2074.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113402

Amount of Each Receipt this Period

133.06

**C.**

Full Name (Last, First, Middle Initial)

CAROLE LUTNESS

Mailing Address 914 Shatto Place  
3rd Floor

City

Los Angeles

State

CA

Zip Code

90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 2712

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114303

Amount of Each Receipt this Period

20.00

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

295.12

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

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

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(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN A. LYALL

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1112.96

Date of Receipt

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

Transaction ID: SA11AI.113485

Amount of Each Receipt this Period

125.66

**B.**

Full Name (Last, First, Middle Initial)

JOHN A. LYALL

Mailing Address 383 Ashmoore Circle East

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1126.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.113726

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERTA LYNCH

Mailing Address 4650 N. Hermitage Street

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IL CN 31

Occupation

DEPUTY DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.113727

Amount of Each Receipt this Period

14.00

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

153.66

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

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

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(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)

MICHAEL C. LYTER

Mailing Address P.O. Box 102

City

Elliottsburg

State

PA

Zip Code

17024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

TRADESMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113643

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LONIE MACCONNELL

Mailing Address 618 Frances Drive

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

561.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113574

Amount of Each Receipt this Period

67.80

**C.**

Full Name (Last, First, Middle Initial)

LOUIS J. MAHOLIC

Mailing Address 2726 Juno Place  
Apt. #2

City

Fairlawn

State

OH

Zip Code

44333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.48

Date of Receipt

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

Transaction ID: SA11AI.113486

Amount of Each Receipt this Period

54.70

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

162.50

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

Mailing Address 5185 Horseshoe Falls D

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113766

Amount of Each Receipt this Period

38.50

**B.**

Full Name (Last, First, Middle Initial)

LARRY MALONE

Mailing Address 5185 Horseshoe Falls D

City

Dublin

State

OH

Zip Code

43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113820

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.03

Date of Receipt

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

Transaction ID: SA11AI.113822

Amount of Each Receipt this Period

34.22

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

111.22

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

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

Use separate schedule(s)  
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☒ 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)

LINDA FAY MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

604.25

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113403

Amount of Each Receipt this Period

34.22

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.09

Date of Receipt

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

Transaction ID: SA11AI.113283

Amount of Each Receipt this Period

53.67

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL MANN

Mailing Address 15103 Hunter Mountain Lane

City

Silver Spring

State

MD

Zip Code

20906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, AUDITING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113404

Amount of Each Receipt this Period

53.67

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

141.56

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



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

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☒ 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)

TED MANNA

Mailing Address 510 45th Street

City

Altoona

State

PA

Zip Code

16601-9788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113575

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.38

Date of Receipt

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

Transaction ID: SA11AI.113284

Amount of Each Receipt this Period

49.49

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL A. MARETTE

Mailing Address P.O. Box 314

City

Charlestown

State

WV

Zip Code

25414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, ORG & FIELD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

848.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113405

Amount of Each Receipt this Period

49.49

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

165.28

**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 170 / 456

(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)

STEPHEN MARINCEL

Mailing Address 247 Kennard Street

City

Saint Paul

State

MN

Zip Code

55106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.14

Date of Receipt

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

Transaction ID: SA11AI.114181

Amount of Each Receipt this Period

66.72

**B.**

Full Name (Last, First, Middle Initial)

ALIXETTA MARLOW

Mailing Address 3937 Blueberry Hollow Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

744.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113767

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

ALIXETTA MARLOW

Mailing Address 3937 Blueberry Hollow Road

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMN. ASST. DIR. OF ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113821

Amount of Each Receipt this Period

38.50

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

143.72

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

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

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

FOR LINE NUMBER: PAGE 171 / 456

(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)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

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

Transaction ID: SA11AI.114619

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114620

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

TIM MARSHALL

Mailing Address 323 Division Street

City

Lacrosse

State

WI

Zip Code

54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114621

Amount of Each Receipt this Period

20.00

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

60.00

**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 172 / 456

(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)

GARY V. MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113768

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City

Pataskala

State

OH

Zip Code

43701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

817.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113822

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

OWEN C. MARTIN

Mailing Address 22208 Stablehouse Drive

City

Sterling

State

VA

Zip Code

20164-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.09

Date of Receipt

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

Transaction ID: SA11AI.113285

Amount of Each Receipt this Period

43.08

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

123.08

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

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

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

FOR LINE NUMBER: PAGE 173 / 456

(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)

OWEN C. MARTIN

Mailing Address 22208 Stablehouse Drive

City

Sterling

State

VA

Zip Code

20164-5320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

INTERNATIONAL AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.17

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113406

Amount of Each Receipt this Period

43.08

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL MARVIN

Mailing Address 2520 Sharon Drive

City

Omaha

State

NE

Zip Code

68112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NE LOC 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114263

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

KIMBERLY A. MASSENGILL-BERNARDIN

Mailing Address 8000 Brookpoint Place

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.80

Date of Receipt

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

Transaction ID: SA11AI.113487

Amount of Each Receipt this Period

69.48

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

152.56

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

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

FOR LINE NUMBER: PAGE 174 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1City State Zip Code  
Mason OH 45050FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4Occupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.113769

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

CLYDE F. MAUK

Mailing Address 4842 Bridge Lane  
Apt. #1City State Zip Code  
Mason OH 45050FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4Occupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.113823

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City State Zip Code  
Ashland MO 65010FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72Occupation  
BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

397.54

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: SA11AI.114251

Amount of Each Receipt this Period

27.11

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

107.11

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 175 / 456

(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)

JEFF MAZUR

Mailing Address 503 Redwing Drive

City

Ashland

State

MO

Zip Code

65010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

424.65

Date of Receipt

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

Transaction ID: SA11AI.114257

Amount of Each Receipt this Period

27.11

**B.**

Full Name (Last, First, Middle Initial)

ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1547.24

Date of Receipt

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

Transaction ID: SA11AI.113286

Amount of Each Receipt this Period

103.15

**C.**

Full Name (Last, First, Middle Initial)

ELISSA MCBRIDE

Mailing Address 9 Sherman Avenue

City

Takoma Park

State

MD

Zip Code

20912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, EDUCATION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.39

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113407

Amount of Each Receipt this Period

103.15

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

233.41

**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 176 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: SA11AI.113287

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City

Silver Spring

State

MD

Zip Code

20901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL II

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113408

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

GARY MCCAULLEY

Mailing Address 84 Mic Nan Drive

City

Londonberry

State

PA

Zip Code

17057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

704.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113576

Amount of Each Receipt this Period

88.18

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

188.18

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



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

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

FOR LINE NUMBER: PAGE 177 / 456

(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)

SUZANNE MCCORMICK

Mailing Address 32 Harvest Lane

City

West Grove

State

PA

Zip Code

19390

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113577

Amount of Each Receipt this Period

40.05

**B.**

Full Name (Last, First, Middle Initial)

THOMAS F. MCCracken

Mailing Address 343 East Main Street

City

Mahaffey

State

PA

Zip Code

15757-0000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STATE SUPERVISOR DISTR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113644

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JANE McDONALD

Mailing Address 2201 Broadway  
Suite 715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114293

Amount of Each Receipt this Period

50.00

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

120.05

**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: PAGE 178 / 456

(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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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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JANE MCDONALD

Mailing Address 2201 Broadway  
Suite 715City State Zip Code  
Oakland CA 94612FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.114294

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City State Zip Code  
Niskayuna NY 12309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.09

Date of Receipt

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

Transaction ID: SA11AI.113288

Amount of Each Receipt this Period

43.23

**C.**

Full Name (Last, First, Middle Initial)

BRIAN P. MCDONNELL

Mailing Address 1322 Myron Street

City State Zip Code  
Niskayuna NY 12309FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113409

Amount of Each Receipt this Period

43.23

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

136.46

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

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

FOR LINE NUMBER: PAGE 179 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406City State Zip Code  
Washington DC 20037-2207FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2288.72

Date of Receipt

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

Transaction ID: SA11AI.113289

Amount of Each Receipt this Period

167.44

**B.**

Full Name (Last, First, Middle Initial)

GERALD MCENTEE

Mailing Address 800 25th Street NW  
Apt. #406City State Zip Code  
Washington DC 20037-2207FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME INT'LOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2445.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113410

Amount of Each Receipt this Period

156.83

**C.**

Full Name (Last, First, Middle Initial)

JERI MCEWEN

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111-1599FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME PA CN 13Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

361.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113578

Amount of Each Receipt this Period

44.98

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

369.25

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 180 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION &amp; RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

595.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.113770

Amount of Each Receipt this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)

FREDERICK A. MCGRAW

Mailing Address 1258 Summerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

EDUCATION &amp; RESEARCH DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.113824

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.113771

Amount of Each Receipt this Period

30.00

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

100.00

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 181 / 456

(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)

LYNNE E. MCGRAW

Mailing Address 1258 Somerset Way

City

Pickerington

State

OH

Zip Code

43147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

DIRECTOR MEM. ACCTG.

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113825

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

DAVID W. MCINTOSH

Mailing Address 115 Mound Street

City

Lebanon

State

OH

Zip Code

45036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.57

Date of Receipt

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

Transaction ID: SA11AI.113488

Amount of Each Receipt this Period

49.74

**C.**

Full Name (Last, First, Middle Initial)

KRISTEN E. MCKINLEY

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

STAFF ATTORNEY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113772

Amount of Each Receipt this Period

19.24

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

98.98

**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 182 / 456

(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)

KRISTEN E. MCKINLEY

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

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113826

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

JEAN MCLAREN

Mailing Address 4301 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113579

Amount of Each Receipt this Period

44.98

**C.**

Full Name (Last, First, Middle Initial)

PETER M. MCLINDEN

Mailing Address 935 Pamela Road

City

Cincinnati

State

OH

Zip Code

45255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSOCIATE COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.11

Date of Receipt

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

Transaction ID: SA11AI.113489

Amount of Each Receipt this Period

84.76

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

148.98

**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 183 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.72

Date of Receipt

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

Transaction ID: SA11AI.114622

Amount of Each Receipt this Period

20.17

**B.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

419.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.114623

Amount of Each Receipt this Period

20.17

**C.**

Full Name (Last, First, Middle Initial)

ROBERT W. MCLINN

Mailing Address 807 W. Brown Street

City

Waupun

State

WI

Zip Code

53963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.114624

Amount of Each Receipt this Period

20.17

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

60.51

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

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

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

FOR LINE NUMBER: PAGE 184 / 456

(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)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.113897

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
MARILYN MCMAHON

Mailing Address 7717 28th NW

City State Zip Code  
Seattle WA 98117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
NURSE CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113976

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)  
ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 89512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.11

Date of Receipt

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

Transaction ID: SA11AI.113290

Amount of Each Receipt this Period

43.61

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

73.61

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



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

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

FOR LINE NUMBER: PAGE 185 / 456

(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)

ORAN MCMICHAEL

Mailing Address 2777 Northtowne Lane  
Apt. #2088S

City State Zip Code  
Reno NV 89512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
AREA FIELD SERVICES DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113411

Amount of Each Receipt this Period

43.61

**B.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City State Zip Code  
Cheverly MD 20785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.30

Date of Receipt

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

Transaction ID: SA11AI.113291

Amount of Each Receipt this Period

54.42

**C.**

Full Name (Last, First, Middle Initial)

LEILA MCMULLEN

Mailing Address 3014 Laurel Avenue

City State Zip Code  
Cheverly MD 20785

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
EXECUTIVE ASST. TO SECRETARY TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.72

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113412

Amount of Each Receipt this Period

54.42

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

152.45

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

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

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

FOR LINE NUMBER: PAGE 186 / 456

(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)  
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code  
Detroit MI 48206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114062

Amount of Each Receipt this Period

38.41

**B.**

Full Name (Last, First, Middle Initial)  
EDWARD MCNEIL

Mailing Address 2546 Edison

City State Zip Code  
Detroit MI 48206

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

614.25

Date of Receipt

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

Transaction ID: SA11AI.114106

Amount of Each Receipt this Period

38.41

**C.**

Full Name (Last, First, Middle Initial)  
JANICE MELDRUM

Mailing Address 2904 Sue Drive

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.10

Date of Receipt

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

Transaction ID: SA11AI.114258

Amount of Each Receipt this Period

13.94

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

90.76

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

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

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

FOR LINE NUMBER: PAGE 187 / 456

(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)

JENNIFER MERLIN

Mailing Address 8931 67th Street

City

Kenosha

State

WI

Zip Code

53142

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

202.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114627

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

LAURIE MERTA

Mailing Address 9829 59th Street, Court W

City

Tacoma

State

WA

Zip Code

98467-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

CONVENTION FUNDRAISER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114026

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

CINDY A. MICHAEL

Mailing Address 331 Central Parkway

City

Warren

State

OH

Zip Code

44483

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.08

Date of Receipt

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

Transaction ID: SA11AI.113490

Amount of Each Receipt this Period

54.70

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

166.70

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

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

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

FOR LINE NUMBER: PAGE 188 / 456

(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)

JOHN MICHALEC

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114063

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

JOHN MICHALEC

Mailing Address 1544 N. Hickory

City

Owosso

State

MI

Zip Code

48867

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

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

Transaction ID: SA11AI.114107

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

LANCE D. MICHALSKI

Mailing Address 300 Hardman Avenue S.  
#2

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114367

Amount of Each Receipt this Period

40.00

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

82.00

**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 189 / 456

(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)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

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 ▼

1590.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114144

Amount of Each Receipt this Period

180.00

**B.**

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City State Zip Code  
Baltimore MD 21230

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 ▼

1604.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113728

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY MILLER

Mailing Address 2424 Locust Lane

City State Zip Code  
Harrisburg PA 17109

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113580

Amount of Each Receipt this Period

44.98

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

238.98

**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 190 / 456

(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)  
GEORGE MILLER

Mailing Address 105 Jose Lane

City State Zip Code  
Martinez CA 94553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114218

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY MILLER

Mailing Address 2724 Pine Avenue

City State Zip Code  
Altoona PA 16601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113581

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)  
MICHELE MINOR

Mailing Address 190 W. Ostend Street  
Suite 101

City State Zip Code  
Baltimore MD 21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.44

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114157

Amount of Each Receipt this Period

41.68

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

137.98

**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 191 / 456

(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)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/UNIV OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

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

Transaction ID: SA11AI.114628

Amount of Each Receipt this Period

14.00

**B.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/UNIV OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114629

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

GARY D. MITCHELL

Mailing Address 538 Maple Avenue

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/UNIV OF  
WI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114630

Amount of Each Receipt this Period

14.00

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

42.00

**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 192 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HAROLD F. MITCHELL

Mailing Address 3999 Kensingwood Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

ASSISTANT ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

971.39

Date of Receipt

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

Transaction ID: SA11AI.113491

Amount of Each Receipt this Period

111.74

**B.**

Full Name (Last, First, Middle Initial)

YOLANDA M. MITCHELL

Mailing Address 1227 Oberlin Boulevard

City

Cincinnati

State

OH

Zip Code

45237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.14

Date of Receipt

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

Transaction ID: SA11AI.113492

Amount of Each Receipt this Period

48.36

**C.**

Full Name (Last, First, Middle Initial)

DEREK M. MIZUNO

Mailing Address 888 Mililani Street  
Suite 601

City

Honolulu

State

HI

Zip Code

96813-2991

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: SA11AI.113692

Amount of Each Receipt this Period

50.00

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

210.10

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



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

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

FOR LINE NUMBER: PAGE 193 / 456

(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)

HARRY MOBLEY

Mailing Address 2635 Cranberry Circle

City

Harrisburg

State

PA

Zip Code

17110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113582

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

KELLY MOBLEY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113774

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KELLY MOBLEY

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113828

Amount of Each Receipt this Period

20.00

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

106.30

**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  
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FOR LINE NUMBER: PAGE 194 / 456

(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)

DEBORAH MOEN

Mailing Address 1508 309th Avenue, NW

City

Cambridge

State

MN

Zip Code

55008-6939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114219

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

TRINA MOLNAR

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

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.88

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113775

Amount of Each Receipt this Period

23.08

**C.**

Full Name (Last, First, Middle Initial)

TRINA MOLNAR

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

STAFF ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113829

Amount of Each Receipt this Period

23.08

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

70.16

**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: PAGE 195 / 456

(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)

KAREN MOMBERGER

Mailing Address 102 Manor Road

City

New Kensington

State

PA

Zip Code

15068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113583

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.14

Date of Receipt

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

Transaction ID: SA11AI.113292

Amount of Each Receipt this Period

34.08

**C.**

Full Name (Last, First, Middle Initial)

RHONDA M. MONTGOMERY

Mailing Address 1602 Temperance

City

Indianapolis

State

IN

Zip Code

46203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

REGIONAL FIELD ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113413

Amount of Each Receipt this Period

34.08

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

134.46

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

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

Use separate schedule(s)  
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(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)

ERIC D D MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114253

Amount of Each Receipt this Period

18.03

**B.**

Full Name (Last, First, Middle Initial)

ERIC D D MOORE

Mailing Address 810 Wildwood Drive  
Apt 22

City State Zip Code  
Jefferson City MO 65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.45

Date of Receipt

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

Transaction ID: SA11AI.114259

Amount of Each Receipt this Period

18.03

**C.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City State Zip Code  
Bowie MD 20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation  
LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.73

Date of Receipt

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

Transaction ID: SA11AI.113293

Amount of Each Receipt this Period

26.06

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

62.12

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

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

FOR LINE NUMBER: PAGE 197 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GLADYS K. MOORE

Mailing Address 15104 Joppa Place

City

Bowie

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113414

Amount of Each Receipt this Period

26.06

**B.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

646.10

Date of Receipt

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

Transaction ID: SA11AI.113294

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

PATRICK G. MORAN

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

689.71

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113415

Amount of Each Receipt this Period

43.61

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

113.28

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 198 / 456

(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)  
BRENDA MORRIS

Mailing Address 28 Beth Drive

City State Zip Code  
Fairchance PA 15436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

286.87

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113584

Amount of Each Receipt this Period

40.05

**B.**

Full Name (Last, First, Middle Initial)  
JEANNE MORRIS

Mailing Address 2315 Reddings Run Road

City State Zip Code  
Home PA 15747

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

543.38

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113585

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)  
LOIS MORRIS

Mailing Address 4031 Executive Park Drive

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113586

Amount of Each Receipt this Period

32.22

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

138.57

**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 199 / 456

(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)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

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

Transaction ID: SA11AI.114631

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114632

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)

SIMONE M. MORRISON

Mailing Address 2556 North 15th Street

City

Milwaukee

State

WI

Zip Code

53206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114633

Amount of Each Receipt this Period

17.00

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

51.00

**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 200 / 456

(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)

RACHEL C. MORROW

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113776

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

RACHEL C. MORROW

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113830

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

HILARY MORTENSEN

Mailing Address 105 NE 61st Avenue  
Apt. #18

City

Portland

State

OR

Zip Code

97213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114659

Amount of Each Receipt this Period

28.00

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

66.48

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



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

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

FOR LINE NUMBER: PAGE 201 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

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

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE MULHERIN

Mailing Address 2462 Cleveland Avenue

City

Reading

State

PA

Zip Code

19609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113587

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

STEVEN C. MULLEN

Mailing Address 544 Clermont Drive

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

TRADES LABORER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

486.10

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113588

Amount of Each Receipt this Period

66.12

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL P. MURPHY

Mailing Address 92 Eddington Avenue

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113645

Amount of Each Receipt this Period

20.00

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

152.42

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

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

FOR LINE NUMBER: PAGE 202 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1055.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	8

Transaction ID: SA11AI.113729

Amount of Each Receipt this Period

5.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: SA11AI.114280

Amount of Each Receipt this Period

5.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL D. MURPHY

Mailing Address 4221 Wanetah Trail

City

Madison

State

WI

Zip Code

53711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40

Occupation

FIELD ORGANIZER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1088.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.114281

Amount of Each Receipt this Period

28.00

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

38.00

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 203 / 456

(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)

STEVEN L. MYERS

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113777

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

STEVEN L. MYERS

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113831

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

PHYLLIS NAIAD

Mailing Address 13304 58th Drive NE

City

Marysville

State

WA

Zip Code

98271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.08

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114028

Amount of Each Receipt this Period

52.26

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

132.26

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

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

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

FOR LINE NUMBER: PAGE 204 / 456

(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)

REBECCA NASSARRE

Mailing Address 1701 S Norfolk Street

City

San Mateo

State

CA

Zip Code

94403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME CA CN 57/SAN MATEO  
CNTY

Occupation

SOCIAL WORKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.114315

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES NEBLETT

Mailing Address 17635 Greenview

City

Detroit

State

MI

Zip Code

48219-3588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

524.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114064

Amount of Each Receipt this Period

35.05

**C.**

Full Name (Last, First, Middle Initial)

JAMES NEBLETT

Mailing Address 17635 Greenview

City

Detroit

State

MI

Zip Code

48219-3588

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MI CN 25

Occupation

ADMINISTRATIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

559.30

Date of Receipt

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

Transaction ID: SA11AI.114108

Amount of Each Receipt this Period

35.05

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

120.10

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

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

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

FOR LINE NUMBER: PAGE 205 / 456

(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)

CYNTHIA NELSON

Mailing Address 2648 Garfield Street, N.E.

City

Minneapolis

State

MN

Zip Code

55418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.71

Date of Receipt

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

Transaction ID: SA11AI.114183

Amount of Each Receipt this Period

64.16

**B.**

Full Name (Last, First, Middle Initial)

MATTHEW NELSON

Mailing Address 3806 Edmund Boulevard

City

Minneapolis

State

MN

Zip Code

55406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.18

Date of Receipt

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

Transaction ID: SA11AI.114184

Amount of Each Receipt this Period

16.00

**C.**

Full Name (Last, First, Middle Initial)

JESSE NEWCOMER, IV

Mailing Address 2109 Circle Road

City

Carlisle

State

PA

Zip Code

17013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113589

Amount of Each Receipt this Period

70.94

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

151.10

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

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

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

FOR LINE NUMBER: PAGE 206 / 456

(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)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

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

Transaction ID: SA11AI.114426

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114494

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

CATHY L. NEWTON

Mailing Address 30 E. Broad Street

City

Columbus

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114562

Amount of Each Receipt this Period

20.00

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

60.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SHERYL L. NICHOLS

Mailing Address 2410 East Fifth Street

City

Dayton

State

OH

Zip Code

45403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Transaction ID: SA11AI.113493

Amount of Each Receipt this Period

32.79

**B.**

Full Name (Last, First, Middle Initial)

LORI NIELSEN-KANGAS

Mailing Address 713 6th Street

City

Moose Lake

State

MN

Zip Code

55767-9747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.114222

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JAMES B. NILAND

Mailing Address 2728 Pleasant Ave

City

Minneapolis

State

MN

Zip Code

55408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

992.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.114185

Amount of Each Receipt this Period

130.00

SUBTOTAL of Receipts This Page (optional) .....

192.79

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113908

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH NILSSON

Mailing Address 3215 Eastland CIR SE

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113987

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

GARRY Y NITTA

Mailing Address 251 Nalani Street

City

Makawao

State

HI

Zip Code

96768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113694

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

67.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

NORA NOMURA

Mailing Address 2528 Komo Mai Drive

City

Pearl City

State

HI

Zip Code

96782

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113695

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

GEORGE NOYES

Mailing Address 10368 Lozita Way

City

Lakeside

State

CA

Zip Code

92040-2233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

BUSINESS REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114304

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

EILEEN M. O'CONNELL

Mailing Address 1538 Madras Street, S.E.

City

Salem

State

OR

Zip Code

97306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

FIELD REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114660

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

EARL O'NEAL

Mailing Address 12906 Ft. Wash Rd.

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DC CN 20

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.114332

Amount of Each Receipt this Period

187.20

**B.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113910

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

HOWARD D. OCOBOCK

Mailing Address P. O. Box 10899

City

Yakima

State

WA

Zip Code

98909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

353.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113989

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

229.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TRAVIS OHM

Mailing Address 8 Highland Road

City

Seven Valleys

State

PA

Zip Code

17360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

594.38

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113590

Amount of Each Receipt this Period

76.24

**B.**

Full Name (Last, First, Middle Initial)

RUSSELL K. OKATA

Mailing Address 1015 Wilder Avenue #203

City

Honolulu

State

HI

Zip Code

96822-2655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113696

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

942.04

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113296

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

235.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HOLLY OLSON

Mailing Address 15443 Martins Hundred Drive

City

Centerville

State

VA

Zip Code

20120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, GENERAL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1001.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113417

Amount of Each Receipt this Period

59.00

**B.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.90

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113297

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

GERALD OTTEN

Mailing Address 2905 Evergreen Way

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

BENEFITS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

636.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113418

Amount of Each Receipt this Period

40.08

**SUBTOTAL** of Receipts This Page (optional) .....

139.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

GINA R L PACHECO

Mailing Address P.O. Box 5488

City

Hilo

State

HI

Zip Code

96720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113698

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.08

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113778

Amount of Each Receipt this Period

23.24

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM M. PADISAK, Jr.

Mailing Address 4886 Pine Trace Drive

City

Austintown

State

OH

Zip Code

44515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.32

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113832

Amount of Each Receipt this Period

23.24

**SUBTOTAL** of Receipts This Page (optional) .....

196.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

737.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113779

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

HAROLD A. PALMER

Mailing Address 7565 Liddesdale Blvd.

City

Blacklick

State

OH

Zip Code

43004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113833

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

468.81

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113298

Amount of Each Receipt this Period

31.42

**SUBTOTAL** of Receipts This Page (optional) .....

111.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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☒ 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)

RACHEL S. PANCIERA

Mailing Address 5210 Biddison Lane

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZING RECRUITER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.23

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113419

Amount of Each Receipt this Period

31.42

**B.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

481.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114428

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114496

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

81.42

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

EDDIE L. PARKS

Mailing Address 7176 Nightshade Drive

City

Westerville

State

OH

Zip Code

43082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

531.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114564

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BARRY PEARCE

Mailing Address 130 N. Wilson Street

City

Bellefonte

State

PA

Zip Code

16823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113591

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

742.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113299

Amount of Each Receipt this Period

49.49

**SUBTOTAL** of Receipts This Page (optional) .....

140.79

**TOTAL** This Period (last page this line number only) .....



# **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

**A.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City

Sacramento

State

CA

Zip Code

95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

791.87

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113420

Amount of Each Receipt this Period

49.49

**B.**

Full Name (Last, First, Middle Initial)

JOANNE M. PELS

Mailing Address 6987 County 38 N.W.

City

Walker

State

MN

Zip Code

56484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

718.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114186

Amount of Each Receipt this Period

79.16

**C.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.25

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113300

Amount of Each Receipt this Period

14.75

**SUBTOTAL** of Receipts This Page (optional) .....

143.40

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

PAMELA PERILLO

Mailing Address 9270 Billingsley Road

City

White Plains

State

MD

Zip Code

20695

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113421

Amount of Each Receipt this Period

14.75

**B.**

Full Name (Last, First, Middle Initial)

RANDOLPH P. PERREIRA

Mailing Address 1044 Mokuhano Street

City

Honolulu

State

HI

Zip Code

96825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113699

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

601.16

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113301

Amount of Each Receipt this Period

40.08

**SUBTOTAL** of Receipts This Page (optional) .....

154.83

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

ELIZABETH PERROW

Mailing Address 958 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO JUD. PANEL CHAIRPERSON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

641.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113422

Amount of Each Receipt this Period

40.08

**B.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

711.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113780

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

JANE ANN PETERSON

Mailing Address 2179 Shoreham Road

City

Columbus

State

OH

Zip Code

43220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113834

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

117.08

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

OZELL PETERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113912

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

OZELL PETERSON

Mailing Address 1212 Jefferson St., SE  
Suite 300

City State Zip Code  
Olympia WA 98501

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113991

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

KEVIN L. PIATT

Mailing Address 300 Hardman Avenue South

City State Zip Code  
South St. Paul MN 55075

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5/CN14

Occupation  
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.77

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114187

Amount of Each Receipt this Period

35.01

**SUBTOTAL** of Receipts This Page (optional) .....

75.01

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

STEVAN P. PICKARD

Mailing Address 3325 Capricio Street, NE

City

State

Zip Code

Canton

OH

44721-2702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113496

Amount of Each Receipt this Period

62.30

**B.**

Full Name (Last, First, Middle Initial)

CLIFFORD T. POEHLER

Mailing Address 565 Glendale Street

City

State

Zip Code

Minneapolis

MN

55104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

LEGAL ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114369

Amount of Each Receipt this Period

44.30

**C.**

Full Name (Last, First, Middle Initial)

NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City

State

Zip Code

Laurel

MD

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113302

Amount of Each Receipt this Period

49.26

**SUBTOTAL** of Receipts This Page (optional) .....

155.86

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

NICOLE R. POLLARD

Mailing Address 9404 Nicklaus Lane

City

Laurel

State

MD

Zip Code

20708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL I

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

868.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113423

Amount of Each Receipt this Period

49.26

**B.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114313

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

GEORGE POPYACK

Mailing Address 919 Ocean Drive

City

Mass Beach

State

CA

Zip Code

94038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113731

Amount of Each Receipt this Period

14.00

**SUBTOTAL** of Receipts This Page (optional) .....

73.26

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

EDWARD POTTS

Mailing Address 240 Bentz Mill Road

City

Wellsville

State

PA

Zip Code

17365

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113593

Amount of Each Receipt this Period

40.24

**B.**

Full Name (Last, First, Middle Initial)

GREGORY POWELL

Mailing Address 11505 Circle Drive

City

Austin

State

TX

Zip Code

78748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

864.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.114275

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

GREGORY POWELL

Mailing Address 11505 Circle Drive

City

Austin

State

TX

Zip Code

78748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME TX LOC 1624

Occupation  
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

934.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113732

Amount of Each Receipt this Period

70.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.24

**TOTAL** This Period (last page this line number only) .....

# **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

**A.**

Full Name (Last, First, Middle Initial)

SALLY A. POWLESS

Mailing Address 2410 Westbrook Drive

City

Toledo

State

OH

Zip Code

43613-3921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

LEAD STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.11

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113497

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

REBECCA A. PRICE

Mailing Address 79652 Second Lake Rd.

City

Willow River

State

MN

Zip Code

55795

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.54

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114223

Amount of Each Receipt this Period

33.24

**C.**

Full Name (Last, First, Middle Initial)

ROBYN PRICE

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114065

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

143.00

**TOTAL** This Period (last page this line number only) .....



# **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

**A.**

Full Name (Last, First, Middle Initial)

ROBYN PRICE

Mailing Address 1034 N. Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114109

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

AMANDA M. PRINCE

Mailing Address 4894 Birchview Drive

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114188

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

MARCIA PROVOST

Mailing Address 555 Third Street, SE

City

Milaca

State

MN

Zip Code

56353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

408.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114224

Amount of Each Receipt this Period

48.00

**SUBTOTAL** of Receipts This Page (optional) .....

104.00

**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 226 / 456

(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)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.29

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113303

Amount of Each Receipt this Period

32.29

**B.**

Full Name (Last, First, Middle Initial)

JANET PULLEN

Mailing Address 8003 Alcoa Drive

City

Fort Washington

State

MD

Zip Code

20744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.58

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113424

Amount of Each Receipt this Period

32.29

**C.**

Full Name (Last, First, Middle Initial)

PHEDRA QUINCEY

Mailing Address 1212 Jefferson St. SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114031

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

94.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Cleveland

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.113781

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

LLOYD L. RAINS

Mailing Address 15829 Narraganset Oval

City

Cleveland

State

OH

Zip Code

44130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.113835

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ZOLLIE RAYNER

Mailing Address P.O. Box 51

City

Albion

State

PA

Zip Code

16401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113594

Amount of Each Receipt this Period

66.30

SUBTOTAL of Receipts This Page (optional) .....

146.30

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 228 / 456

(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)

STEVEN E. REAMS

Mailing Address 3642 Shortridge Circle

City

Cincinnati

State

OH

Zip Code

45247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113498

Amount of Each Receipt this Period

51.32

**B.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

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 ▼

654.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113304

Amount of Each Receipt this Period

43.61

**C.**

Full Name (Last, First, Middle Initial)

TERRY M. REED

Mailing Address 2737 Yellowrock Place

City

Hilliard

State

OH

Zip Code

43026

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 ▼

697.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113425

Amount of Each Receipt this Period

43.61

**SUBTOTAL** of Receipts This Page (optional) .....

138.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 456

(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)

PATRICK D. REGAN

Mailing Address 1730 37th Avenue NE

City

Minneapolis

State

MN

Zip Code

55421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/HENNEPIN  
COUNTY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114370

Amount of Each Receipt this Period

24.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

902.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113305

Amount of Each Receipt this Period

59.00

**C.**

Full Name (Last, First, Middle Initial)

STEPHEN REGENSTREIF

Mailing Address 3214 38th Street NW

City

Washington

State

DC

Zip Code

20016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, RETIREE PROGRAMS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113426

Amount of Each Receipt this Period

59.00

**SUBTOTAL** of Receipts This Page (optional) .....

142.00

**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 230 / 456

(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)

MICHAEL J. REICHERT

Mailing Address 1724 Kalorama Rd. NW

City

Washington

State

DC

Zip Code

20009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DC CN 20

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.114333

Amount of Each Receipt this Period

270.00

**B.**

Full Name (Last, First, Middle Initial)

VICTOR REYES

Mailing Address C/O 1900 Embarcadero  
Suite 305

City

Oakland

State

CA

Zip Code

94606-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57/East Bay  
Parks

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114321

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

DEAN REYNOLDS, III

Mailing Address 1025 Delaware Avenue

City

Crawford

State

PA

Zip Code

17740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

577.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113595

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

356.30

**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  
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FOR LINE NUMBER: PAGE 231 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113306

Amount of Each Receipt this Period

36.95

**B.**

Full Name (Last, First, Middle Initial)

LISA E. RICE

Mailing Address 1456 Greenmont Court

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

613.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113427

Amount of Each Receipt this Period

36.95

**C.**

Full Name (Last, First, Middle Initial)

PATTY RICH

Mailing Address 2867 W. 10545 SO.

City

South Jordan

State

UT

Zip Code

84102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME UT LOC 1004

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.114276

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

103.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 456

(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)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114435

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114503

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

SHAWN E. RICHARDSON

Mailing Address 6688 Markwood St.

City

Worthington

State

OH

Zip Code

43085

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114571

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**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 233 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.113307

Amount of Each Receipt this Period

26.54

**B.**

Full Name (Last, First, Middle Initial)

ALAN RICHTER

Mailing Address 6807 Greenspring Avenue

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.06

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113428

Amount of Each Receipt this Period

26.54

**C.**

Full Name (Last, First, Middle Initial)

MICHELLE RIDER

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

564.48

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113597

Amount of Each Receipt this Period

72.98

SUBTOTAL of Receipts This Page (optional) .....

126.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 456

(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)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114382

Amount of Each Receipt this Period

13.00

**B.**

Full Name (Last, First, Middle Initial)

LUNDA K. RIMER

Mailing Address 1008 Walker Drive NE

City

Albuquerque

State

NM

Zip Code

87112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME MN CN 18/ALBUQUERQ-  
UE

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114380

Amount of Each Receipt this Period

13.00

**C.**

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE, Sr.

Mailing Address 1644 Spaulding Road

City

Dayton

State

OH

Zip Code

45432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

853.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113503

Amount of Each Receipt this Period

96.87

**SUBTOTAL** of Receipts This Page (optional) .....

122.87

**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 235 / 456

(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)  
GLADYS RIVERA

Mailing Address P.O. Box 1414

City State Zip Code  
Lancaster PA 17608-1414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation  
INSPECTION SAFETY PROFESSOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113647

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.95

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114066

Amount of Each Receipt this Period

14.33

**C.**

Full Name (Last, First, Middle Initial)  
SARAH ROBERTS

Mailing Address 1034 N. Washington Avenue

City State Zip Code  
Lansing MI 48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114110

Amount of Each Receipt this Period

14.33

**SUBTOTAL** of Receipts This Page (optional) .....

78.66

**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 236 / 456

(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)

STEPHEN M. ROBERTS

Mailing Address 5661 Windsor Woods Drive

City

Columbus

State

OH

Zip Code

43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.76

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113504

Amount of Each Receipt this Period

63.55

**B.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.73

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113308

Amount of Each Receipt this Period

46.92

**C.**

Full Name (Last, First, Middle Initial)

JESSICA R. ROBINSON

Mailing Address 7901 Chicago Avenue

City

SilverSpring

State

MD

Zip Code

20910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

757.65

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113429

Amount of Each Receipt this Period

46.92

**SUBTOTAL** of Receipts This Page (optional) .....

157.39

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 456

(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)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City State Zip Code

Perry Hall MD 21128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113311

Amount of Each Receipt this Period

44.42

**B.**

Full Name (Last, First, Middle Initial)

LYNN ANN RODENHUIS

Mailing Address 9135 Cowenton Avenue

City State Zip Code

Perry Hall MD 21128

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation

AREA ORGANIZING DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113431

Amount of Each Receipt this Period

44.42

**C.**

Full Name (Last, First, Middle Initial)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City State Zip Code

Lindon MI 48451

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation

SECRETARY-TREASURER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1449.42

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114067

Amount of Each Receipt this Period

99.96

**SUBTOTAL** of Receipts This Page (optional) .....

188.80

**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 238 / 456

(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)

LAWRENCE ROEHRIG

Mailing Address 13084 Lia Court

City

Lindon

State

MI

Zip Code

48451

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

SECRETARY-TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1549.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114111

Amount of Each Receipt this Period

99.96

**B.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113782

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

CHARLES ROGINSKI

Mailing Address 6124 Crystal Valley Drive

City

Galena

State

OH

Zip Code

43021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113836

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

179.96

**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 239 / 456

(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)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1048.51

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113312

Amount of Each Receipt this Period

68.77

**B.**

Full Name (Last, First, Middle Initial)

ETHAN ROME

Mailing Address 1414 17th Street, NW  
Apt. #603

City State Zip Code  
Washington DC 20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
DIRECTOR, PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1117.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113432

Amount of Each Receipt this Period

68.77

**C.**

Full Name (Last, First, Middle Initial)

JOYCE L. ROONEY

Mailing Address 13080 Dronfield Avenue  
#73

City State Zip Code  
Sylmar CA 91342

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 36/Local 3339

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.114308

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

162.54

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DIONISIO ROSARIO

Mailing Address 2000 Embarfadero # 110

City

Oakland

State

CA

Zip Code

94606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 57

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: SA11AI.114322

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

STEVE ROTH

Mailing Address 3412 Knipp Drive  
Suite 102

City

Jefferson City

State

MO

Zip Code

65109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MO CN 72

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

261.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: SA11AI.114254

Amount of Each Receipt this Period

18.67

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH K. ROWE

Mailing Address 34 Lakeside Drive

City

Honesdale

State

PA

Zip Code

18431

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

669.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113598

Amount of Each Receipt this Period

85.84

SUBTOTAL of Receipts This Page (optional) .....

124.51

TOTAL This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

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 ▼

1493.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113783

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

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 ▼

1578.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113837

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH P. RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

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 ▼

1592.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	5	/	2	0	0	8

Transaction ID: SA11AI.113734

Amount of Each Receipt this Period

14.00

SUBTOTAL of Receipts This Page (optional) .....

184.00

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 242 / 456

(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)

VEDA RUGOLA

Mailing Address 4771 Powderhorn Lane

City

Westerville

State

OH

Zip Code

43081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113838

Amount of Each Receipt this Period

115.50

**B.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

344.85

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114068

Amount of Each Receipt this Period

23.19

**C.**

Full Name (Last, First, Middle Initial)

VERA SAADE

Mailing Address 1309 Vine Street

City

Lansing

State

MI

Zip Code

48912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114112

Amount of Each Receipt this Period

23.19

**SUBTOTAL** of Receipts This Page (optional) .....

161.88

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 456

(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.**

Full Name (Last, First, Middle Initial)

JEFFREY C. SABIN

Mailing Address 624 Celevland Street

City

Eveleth

State

MN

Zip Code

55734

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114189

Amount of Each Receipt this Period

49.94

**B.**

Full Name (Last, First, Middle Initial)

GEORGE SACHARIAN

Mailing Address 126 S. Lynn Blvd.

City

Upper Darby

State

PA

Zip Code

19082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113599

Amount of Each Receipt this Period

66.30

**C.**

Full Name (Last, First, Middle Initial)

KATHY SACKMAN

Mailing Address 13029 Baltimore Court

City

Chino

State

CA

Zip Code

91710

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114311

Amount of Each Receipt this Period

28.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 244 / 456

(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)  
WILLIAM SAMS

Mailing Address 34 Main Street  
Apt. A

City State Zip Code  
The Plains OH 45780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113505

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)  
BETHANY E. SANDERS

Mailing Address 836 Harrison Avenue  
Apt. #3

City State Zip Code  
Columbus OH 43215

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.37

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113506

Amount of Each Receipt this Period

49.78

**C.**

Full Name (Last, First, Middle Initial)  
EDWARD SASSO

Mailing Address 50 Knollwood Road

City State Zip Code  
New Britain CT 06052

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CT CN 4

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.114326

Amount of Each Receipt this Period

55.31

**SUBTOTAL** of Receipts This Page (optional) .....

189.85

**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 245 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LEE ALAN SAUNDERS

Mailing Address 7510 Alaska Avenue, NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113313

Amount of Each Receipt this Period

89.87

**B.**

Full Name (Last, First, Middle Initial)

LEE ALAN SAUNDERS

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

EXECUTIVE ASSISTANT TO PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113433

Amount of Each Receipt this Period

89.87

**C.**

Full Name (Last, First, Middle Initial)

MARIANNE SAUNDERS

Mailing Address 48 Mullen Street

City

Uniontown

State

PA

Zip Code

15401-4060

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

477.91

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113600

Amount of Each Receipt this Period

66.31

**SUBTOTAL** of Receipts This Page (optional) .....

246.05

**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: PAGE 246 / 456

(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)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

816.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113314

Amount of Each Receipt this Period

54.42

**B.**

Full Name (Last, First, Middle Initial)

BELINDA C. SAVERINO

Mailing Address 11007 Pompey Drive

City

Upper Malboro

State

MD

Zip Code

20772

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ADMINISTRATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

870.72

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113434

Amount of Each Receipt this Period

54.42

**C.**

Full Name (Last, First, Middle Initial)

MARY ANN SAYTAR

Mailing Address 609 Penn Street

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.74

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113601

Amount of Each Receipt this Period

44.98

**SUBTOTAL** of Receipts This Page (optional) .....

153.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 456

(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)

LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City

Alexandria

State

VA

Zip Code

22314-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1117.10

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113315

Amount of Each Receipt this Period

73.34

**B.**

Full Name (Last, First, Middle Initial)

LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City

Alexandria

State

VA

Zip Code

22314-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

DIRECTOR, POLITICAL ACTION

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1190.44

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113435

Amount of Each Receipt this Period

73.34

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715

City

Oakland

State

CA

Zip Code

94612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114295

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

196.68

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIAM SCHLITZ

Mailing Address 2201 Broadway Street  
Suite #715City State Zip Code  
Oakland CA 94612FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA LOC 3299Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.114296

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City State Zip Code  
North Potomac MD 20878FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1147.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.113316

Amount of Each Receipt this Period

73.34

**C.**

Full Name (Last, First, Middle Initial)

JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City State Zip Code  
North Potomac MD 20878FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.44

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113436

Amount of Each Receipt this Period

73.34

SUBTOTAL of Receipts This Page (optional) .....

196.68

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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)

JON SCHOEB

Mailing Address 212 N 4th Street

City

Mankato

State

MN

Zip Code

56001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114226

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

ERIC SCHUBERT

Mailing Address 132 College Avenue

City

Elmhurst

State

PA

Zip Code

18416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113602

Amount of Each Receipt this Period

44.08

**C.**

Full Name (Last, First, Middle Initial)

MARY SCHWANGER

Mailing Address 419 Valley Street

City

Marysville

State

PA

Zip Code

17053

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

967.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113603

Amount of Each Receipt this Period

106.92

**SUBTOTAL** of Receipts This Page (optional) .....

191.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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)

CATHERINE SCOTT

Mailing Address 1005 Chandler Street

City

Philadelphia

State

PA

Zip Code

19111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 47

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114273

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

GAIL M. SCOTT

Mailing Address 751 Bulen Avenue

City

Columbus

State

OH

Zip Code

43205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113507

Amount of Each Receipt this Period

44.95

**C.**

Full Name (Last, First, Middle Initial)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston Way

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

683.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113317

Amount of Each Receipt this Period

40.21

**SUBTOTAL** of Receipts This Page (optional) .....

115.16

**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  
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FOR LINE NUMBER: PAGE 251 / 456

(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)

SHELLEY K. SEEBERG

Mailing Address 13096 Charlston Way

City

Rosemount

State

MN

Zip Code

55068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113437

Amount of Each Receipt this Period

40.21

**B.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1339.23

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113318

Amount of Each Receipt this Period

85.88

**C.**

Full Name (Last, First, Middle Initial)

JOHN SEFERIAN

Mailing Address 1425 Foxhall Road, NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

CHAIRPERSON, JUDICIAL PANEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1425.11

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113438

Amount of Each Receipt this Period

85.88

**SUBTOTAL** of Receipts This Page (optional) .....

211.97

**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 252 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.114190

Amount of Each Receipt this Period

89.90

**B.**

Full Name (Last, First, Middle Initial)

ELIOT A. SEIDE

Mailing Address 300 Hardman Avenue South

City

South St. Paul

State

MN

Zip Code

55075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1303.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.113736

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

JERRY SERFLING

Mailing Address 2388 Hidden Valley Lane

City

Stillwater

State

MN

Zip Code

55082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

607.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.114191

Amount of Each Receipt this Period

74.28

SUBTOTAL of Receipts This Page (optional) .....

178.18

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 253 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MICHELLE A. SFORZA

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113319

Amount of Each Receipt this Period

44.42

**B.**

Full Name (Last, First, Middle Initial)

MICHELLE A. SFORZA

Mailing Address 415 U Street, NW

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASST. DIRECTOR, STRATEGIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

701.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113439

Amount of Each Receipt this Period

44.42

**C.**

Full Name (Last, First, Middle Initial)

DOMINIC SGRO

Mailing Address 144 Stormer Road

City

Indiana

State

PA

Zip Code

15701-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

876.47

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113604

Amount of Each Receipt this Period

106.92

**SUBTOTAL** of Receipts This Page (optional) .....

195.76

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 456

(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)

DONALD G. SHAFFER

Mailing Address R. D. #5, Box 82

City

Brookeville

State

PA

Zip Code

15825-9501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113605

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

Crown City

State

OH

Zip Code

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114438

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

Crown City

State

OH

Zip Code

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114506

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

86.30

**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 255 / 456

(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)

BETHANY D. SHEETS

Mailing Address 570 Friendly Ridge Rd

City

State

Zip Code

Crown City

OH

45623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114574

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

WANDA SHELTON-MARTIN

Mailing Address 1410 Bush Street  
Suite A

City

State

Zip Code

Baltimore

MD

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.73

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.114145

Amount of Each Receipt this Period

35.38

**C.**

Full Name (Last, First, Middle Initial)

CRYSTAL SHREFFLER

Mailing Address 4031 Executive Park Drive

City

State

Zip Code

Harrisburg

PA

17111-1599

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113606

Amount of Each Receipt this Period

32.22

**SUBTOTAL** of Receipts This Page (optional) .....

77.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 256 / 456

(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)

CYNTHIA R. SILVA

Mailing Address 3770 Upper Drive

City

Lake Oswego

State

OR

Zip Code

97035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75/SOOR

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114677

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)

ISSA J. SIMPSON

Mailing Address 1139 S.E. 16th Avenue

City

Portland

State

OR

Zip Code

97214-3705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OR CN 75

Occupation

OFFICE SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114663

Amount of Each Receipt this Period

60.00

**C.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

644.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113320

Amount of Each Receipt this Period

40.96

**SUBTOTAL** of Receipts This Page (optional) .....

160.96

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY L. SIMS

Mailing Address 6284 Shackelford Terrace

City

Alexandria

State

VA

Zip Code

22312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113440

Amount of Each Receipt this Period

40.96

**B.**

Full Name (Last, First, Middle Initial)

TODD L. SINGER

Mailing Address 1030 6th Avenue

City

Steelton

State

PA

Zip Code

17113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPA

Occupation

ADMINISTRATIVE/CLERICAL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.113648

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

ROBERTA J. SKOK

Mailing Address 775 Township Road  
#2204

City

Perrysville

State

OH

Zip Code

44864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

673.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113509

Amount of Each Receipt this Period

84.76

**SUBTOTAL** of Receipts This Page (optional) .....

165.72

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TERRY SKULTETY

Mailing Address 222 Meade Street

City

Homer City

State

PA

Zip Code

15748

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

316.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113607

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113784

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

SUSAN SLABAUGH

Mailing Address 2135 Michelle Drive

City

Grove City

State

OH

Zip Code

43123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113839

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

64.08

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500City State Zip Code  
Detroit MI 48226FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MI CN 25Occupation  
ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.114071

Amount of Each Receipt this Period

31.15

**B.**

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500City State Zip Code  
Detroit MI 48226FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME MI CN 25Occupation  
ASSISTANT TO THE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.17

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.114115

Amount of Each Receipt this Period

31.15

**C.**

Full Name (Last, First, Middle Initial)

CAITLIN SMITH

Mailing Address 1722 Suffolk Avenue

City State Zip Code  
Schenectady NY 12303FEC ID number of contributing  
federal political committee.**C**Name of Employer  
AFSCME NY LOC 1000/SONYOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.114270

Amount of Each Receipt this Period

13.80

SUBTOTAL of Receipts This Page (optional) .....

76.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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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)

CAITLIN SMITH

Mailing Address 1722 Suffolk Avenue

City

Schenectady

State

NY

Zip Code

12303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000/SONY

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114271

Amount of Each Receipt this Period

13.80

**B.**

Full Name (Last, First, Middle Initial)

CONNIE SMITH

Mailing Address 1739 E 24th Street

City

Capitol Heights

State

IA

Zip Code

50317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IA CN 61

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114355

Amount of Each Receipt this Period

40.30

**C.**

Full Name (Last, First, Middle Initial)

BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114072

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

75.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 456

(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)

BESSIE SNIDER

Mailing Address 1034 N Washington Avenue

City  
Lansing

State  
MI

Zip Code  
48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114116

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

NORMAN L. SNYDER

Mailing Address 139 Sycamore Street East  
#4

City  
St. Paul

State  
MN

Zip Code  
55117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/RAMSEY COU-  
NTY

Occupation  
COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114372

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

SHARON SOBER

Mailing Address 212 5th Street

City  
Catawissa

State  
PA

Zip Code  
17820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

873.52

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113608

Amount of Each Receipt this Period

106.92

**SUBTOTAL** of Receipts This Page (optional) .....

167.92

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 456

(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)

DARRIN SPANN

Mailing Address 6130 Springford Drive  
#C6

City State Zip Code  
Harrisburg PA 17111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113609

Amount of Each Receipt this Period

83.26

**B.**

Full Name (Last, First, Middle Initial)

EDITHIA M. SPEARS

Mailing Address 4690 Ascot Drive

City State Zip Code  
Columbus OH 43229

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113511

Amount of Each Receipt this Period

58.36

**C.**

Full Name (Last, First, Middle Initial)

ROBERT SPENCER

Mailing Address 1351 Garin Avenue

City State Zip Code  
Hayward CA 94544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME CA CN 57/EAST BAY  
PARKS

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.114323

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

161.62

**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

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(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: SA11AI.113786

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

BEVERLY J. SPETZ

Mailing Address 112 Elmwood Street

City

Delta

State

OH

Zip Code

43515-1126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

386.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.113841

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE &amp; TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1123.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: SA11AI.113321

Amount of Each Receipt this Period

42.08

SUBTOTAL of Receipts This Page (optional) .....

80.56

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 456

(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)

KAMALA B. SRIKAR

Mailing Address 9908 Colebrook Avenue

City

Potomac

State

MD

Zip Code

20854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

MANAGER, CONFERENCE & TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.27

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113441

Amount of Each Receipt this Period

42.08

**B.**

Full Name (Last, First, Middle Initial)

MARIANNE STEGER

Mailing Address 2930 Woodson Drive

City

Hilliard

State

OH

Zip Code

43026-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

DIRECTOR OF ADMINISTRATIVE SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

722.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113512

Amount of Each Receipt this Period

86.64

**C.**

Full Name (Last, First, Middle Initial)

DENISE LYNN STEHMAN

Mailing Address 131 W Oley Street

City

Reading

State

PA

Zip Code

19601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP

Occupation

AUDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

518.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113656

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

158.72

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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)

MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113919

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

MICHELE STELOVICH

Mailing Address 21114 77th Place West  
APT #102

City State Zip Code  
Edmonds WA 98026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113998

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.114282

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 266 / 456

(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)  
CAROL STEMLER

Mailing Address 891 Park Street  
#201

City State Zip Code  
Oregon WI 53575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 40/BAGER PRA-  
IRIE

Occupation  
LPN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.114283

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)  
BRADLEY STEVENS

Mailing Address 514 Shatto Place  
3rd Floor

City State Zip Code  
Los Angeles CA 90020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/Local 2712

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114305

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City State Zip Code  
Mc Gilead OH 43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114440

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

45.00

**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 267 / 456

(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)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114508

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

KATHLEEN M. STEWART

Mailing Address 7326 S. R. 19

City

Mc Gilead

State

OH

Zip Code

43338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
EXAMINER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114576

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

ROY STONE

Mailing Address 1119 Congwood Place

City

Los Angeles

State

CA

Zip Code

90019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/CITY OF  
LA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.114310

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

32.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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)

WILLIAM STOUFFER

Mailing Address 29B - 2nd Street

City

North Irwin

State

PA

Zip Code

15642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113610

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.48

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113322

Amount of Each Receipt this Period

45.63

**C.**

Full Name (Last, First, Middle Initial)

TIMOTHY J. STRECKER

Mailing Address 1603 E Street, SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

PROJECT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.11

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113442

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional) .....

157.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(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)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.84

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113323

Amount of Each Receipt this Period

30.75

**B.**

Full Name (Last, First, Middle Initial)

MICHELE S. STREET

Mailing Address 16808 Westbourne Terrace

City

Gaithersburg

State

MD

Zip Code

20878

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ADMINISTRATIVE ASSISTANT II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

584.59

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113443

Amount of Each Receipt this Period

30.75

**C.**

Full Name (Last, First, Middle Initial)

BARBARA STRUNGE

Mailing Address 11221 Southwestern Ave.

City

Chicago

State

IL

Zip Code

60643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

RETIREE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.114230

Amount of Each Receipt this Period

24.00

**SUBTOTAL** of Receipts This Page (optional) .....

85.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 456

(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)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113324

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

WANDA M. SUBER

Mailing Address 805 Broderick Dr.

City

Oxon Hill

State

MD

Zip Code

20745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

STAFF SPECIALIST, HUMAN RESOURCES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113444

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113325

Amount of Each Receipt this Period

52.96

**SUBTOTAL** of Receipts This Page (optional) .....

92.96

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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(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)

MICHAEL E. SUKAL

Mailing Address 852 Darlington Drive

City

Avon

State

IN

Zip Code

46123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT TO REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.92

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113445

Amount of Each Receipt this Period

52.96

**B.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1207.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.114272

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City

Albany

State

NY

Zip Code

12208-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME NY LOC 1000

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113737

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

167.96

**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 272 / 456

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

222.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: SA11AI.114442

Amount of Each Receipt this Period

13.06

**B.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	0	8

Transaction ID: SA11AI.114510

Amount of Each Receipt this Period

13.06

**C.**

Full Name (Last, First, Middle Initial)

SARA SUMMERS

Mailing Address 3418 Weyburn Court

City

Columbus

State

OH

Zip Code

43232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.114578

Amount of Each Receipt this Period

13.06

SUBTOTAL of Receipts This Page (optional) .....

39.18

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 456

(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)

MICHAEL SVEDA

Mailing Address 439 Willow Circle  
#D

City State Zip Code  
Allentown PA 18102

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME PA CN 13

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113612

Amount of Each Receipt this Period

36.49

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

1570.01

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113326

Amount of Each Receipt this Period

107.34

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

1677.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113446

Amount of Each Receipt this Period

107.34

**SUBTOTAL** of Receipts This Page (optional) .....

251.17

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES TAIT

Mailing Address 119 Hells Kitchen Court

City

Drums

State

PA

Zip Code

18222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113613

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

MOLLY M. TALLEY

Mailing Address 4084 Leap Road

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113788

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

MOLLY M. TALLEY

Mailing Address 4084 Leap Road

City

Hilliard

State

OH

Zip Code

43026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113843

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional) .....

86.30

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 275 / 456

(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)  
MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LOC 3299, HED

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114297

Amount of Each Receipt this Period

65.00

**B.**

Full Name (Last, First, Middle Initial)  
MIGUEL TAMAYO

Mailing Address 2201 Broadway  
Suite 715

City State Zip Code  
Oakland CA 94612

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME LOC 3299, HED

Occupation  
REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.114298

Amount of Each Receipt this Period

65.00

**C.**

Full Name (Last, First, Middle Initial)  
CHERILYN M. TATE

Mailing Address 12103 SE 164th Street

City State Zip Code  
Renton WA 98058

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113921

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

145.00

**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 276 / 456

(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)

CHERYLYN M. TATE

Mailing Address 12103 SE 164th Street

City

Renton

State

WA

Zip Code

98058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114000

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

NANCY P. TAYLOR

Mailing Address 55 Northwest Drive

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AFFILIATE RELATIONS, MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

590.49

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113327

Amount of Each Receipt this Period

40.08

**C.**

Full Name (Last, First, Middle Initial)

NANCY P. TAYLOR

Mailing Address 55 Northwest Drive

City

Huntingtown

State

MD

Zip Code

20639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

AFFILIATE RELATIONS, MANAGER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.57

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113447

Amount of Each Receipt this Period

40.08

**SUBTOTAL** of Receipts This Page (optional) .....

95.16

**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: PAGE 277 / 456

(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)

DAVID TESTER

Mailing Address 6955 H New Oxford Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

TRANSPORTATION EQUIPMENT OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.03

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113614

Amount of Each Receipt this Period

44.08

**B.**

Full Name (Last, First, Middle Initial)

BETTY A. THOMAS

Mailing Address 5841 Spring Run Drive

City

Columbus

State

OH

Zip Code

43229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113513

Amount of Each Receipt this Period

43.94

**C.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City

Lansing

State

MI

Zip Code

48906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.09

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114073

Amount of Each Receipt this Period

21.37

**SUBTOTAL** of Receipts This Page (optional) .....

109.39

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOHN THOMAS

Mailing Address 1034 N Washington Avenue

City  
LansingState  
MIZip Code  
48906FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: SA11AI.114117

Amount of Each Receipt this Period

21.37

**B.**

Full Name (Last, First, Middle Initial)

RAYMOND THOMAS

Mailing Address 7609 Union Street NE

City

Albuquerque

State

NM

Zip Code

87109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 67Occupation  
TRANSIT SUPERVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.46

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	8

Transaction ID: SA11AI.114146

Amount of Each Receipt this Period

30.76

**C.**

Full Name (Last, First, Middle Initial)

PATRICK S. THOMASSON

Mailing Address 1347 Marot Drive

City

Trotwood

State

OH

Zip Code

45427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8Occupation  
LEAD STAFF ORGANIZER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Transaction ID: SA11AI.113514

Amount of Each Receipt this Period

62.30

SUBTOTAL of Receipts This Page (optional) .....

114.43

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 456

(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)

ROBERT L. THOMPSON

Mailing Address 927 Gibbs Avenue, NE

City

Canton

State

OH

Zip Code

44705-1074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

703.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113515

Amount of Each Receipt this Period

84.76

**B.**

Full Name (Last, First, Middle Initial)

PETER THOR

Mailing Address 4 Betts Place

City

East Norwalk

State

CT

Zip Code

06855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CT CN 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

414.63

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.114327

Amount of Each Receipt this Period

62.07

**C.**

Full Name (Last, First, Middle Initial)

BRIAN THORPE

Mailing Address 190 W. Ostend Street  
Suite 101

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MD CN 982

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.16

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114159

Amount of Each Receipt this Period

28.52

**SUBTOTAL** of Receipts This Page (optional) .....

175.35

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 456

(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)

JOHN THORSON

Mailing Address 555 Selby Avenue

City

Saint Paul

State

MN

Zip Code

55102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

POLITICAL ACTION REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

511.71

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114193

Amount of Each Receipt this Period

64.16

**B.**

Full Name (Last, First, Middle Initial)

AUDREY TISDALE

Mailing Address 5900 Bridge Road 502

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WASHTENAW  
CNTY

Occupation

OFFICE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114340

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

AUDREY TISDALE

Mailing Address 5900 Bridge Road 502

City

Ypsilanti

State

MI

Zip Code

48197

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25/WASHTENAW  
CNTY

Occupation

OFFICE COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114341

Amount of Each Receipt this Period

40.00

**SUBTOTAL** of Receipts This Page (optional) .....

144.16

**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 PageFOR LINE NUMBER: PAGE 281 / 456  
(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

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 ▼

676.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: SA11AI.113329

Amount of Each Receipt this Period

40.21

**B.**

Full Name (Last, First, Middle Initial)

TAMARA L. TOCHER

Mailing Address 321 E. 19th Street

City

Olympia

State

WA

Zip Code

98501

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 ▼

716.49

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113449

Amount of Each Receipt this Period

40.21

**C.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: SA11AI.114445

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional) .....

100.42

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 456

(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)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114513

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

VANESSA TOLLIVER

Mailing Address 1121 Wellington Blvd.

City

Columbus

State

OH

Zip Code

43219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114581

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

RUSSELL TOMITA

Mailing Address 5350 Keikilani Cir

City

Honolulu

State

HI

Zip Code

96821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113703

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

65.00

**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 283 / 456

(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)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.45

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114075

Amount of Each Receipt this Period

35.83

**B.**

Full Name (Last, First, Middle Initial)

LEIGH TOMLINSON

Mailing Address 930 Stag Thicket Lane

City

Mason

State

MI

Zip Code

48854-1400

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

ACCTG. /HUMAN RESOURCE DIRECTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114119

Amount of Each Receipt this Period

35.83

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA TOMPKINS

Mailing Address 87-152 Liopolo Street

City

Waianae

State

HI

Zip Code

96792

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113704

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

96.66

**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 284 / 456

(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)

TOM TOSTI

Mailing Address 327 Lincoln Avenue

City

Bristol

State

PA

Zip Code

19007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.86

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113615

Amount of Each Receipt this Period

48.04

**B.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

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 ▼

1015.22

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113330

Amount of Each Receipt this Period

40.96

**C.**

Full Name (Last, First, Middle Initial)

DOROTHY TOWNSEND

Mailing Address 6837 SW 39th Drive

City

Miramar

State

FL

Zip Code

33023

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 ▼

1056.18

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113450

Amount of Each Receipt this Period

40.96

**SUBTOTAL** of Receipts This Page (optional) .....

129.96

**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 285 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VON TREAS

Mailing Address 43001 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113616

Amount of Each Receipt this Period

36.49

**B.**

Full Name (Last, First, Middle Initial)

ELIZABETH TURNBOW

Mailing Address 4443 Libby N.E.

City

Olympia

State

WA

Zip Code

98506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	0	8

Transaction ID: SA11AI.114034

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN TWIFORD

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

271.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	8	/	2	0	0	8

Transaction ID: SA11AI.113617

Amount of Each Receipt this Period

40.24

SUBTOTAL of Receipts This Page (optional) .....

118.73

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 286 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

NSEABASI E. UFOT

Mailing Address 4201 Victory Parkway  
Apt. 911City State Zip Code  
Cincinnati OH 45229FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.05

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	0	8

Transaction ID: SA11AI.113516

Amount of Each Receipt this Period

52.98

**B.**

Full Name (Last, First, Middle Initial)

KAREN VALENTINE

Mailing Address 296 Churchmans Road

City State Zip Code  
New Caslte DE 19720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.114240

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

KAREN VALENTINE

Mailing Address 296 Churchmans Road

City State Zip Code  
New Caslte DE 19720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

695.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	0	8

Transaction ID: SA11AI.114247

Amount of Each Receipt this Period

61.58

SUBTOTAL of Receipts This Page (optional) .....

176.14

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 287 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: SA11AI.113922

Amount of Each Receipt this Period

21.00

**B.**

Full Name (Last, First, Middle Initial)

DOREEN M. VANDERVORT

Mailing Address 3582 East J Street

City

Tacoma

State

WA

Zip Code

98404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.114001

Amount of Each Receipt this Period

21.00

**C.**

Full Name (Last, First, Middle Initial)

TARA VANCELEET

Mailing Address 114 Thompson Street

City

Dalton

State

PA

Zip Code

18414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

CLERK

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113618

Amount of Each Receipt this Period

46.70

SUBTOTAL of Receipts This Page (optional) .....

88.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ANTHONY VERNELL

Mailing Address 478 Estates Drive

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113789

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

ANTHONY VERNELL

Mailing Address 478 Estates Drive

City

Athens

State

OH

Zip Code

45701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113844

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City

Madison

State

WI

Zip Code

53704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

308.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114634

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**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 289 / 456

(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.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114635

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

LORI E. VISSERS

Mailing Address 14 Maple Wood Lane  
Unit 15

City State Zip Code  
Madison WI 53704

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114636

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

JUDITH VIOLA WAHLBERG

Mailing Address 5069 County Rd.

City State Zip Code  
Mountain Iron MN 55768

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MN CN 5

Occupation  
CHILDCARE PROVIDER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.114373

Amount of Each Receipt this Period

30.00

**SUBTOTAL** of Receipts This Page (optional) .....

80.00

**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 290 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

ARTHUR WAKE

Mailing Address 1203 NE 135th Street  
#403

City	State	Zip Code
Seattle	WA	98125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/WA UNIVOccupation  
PAINTER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Transaction ID: SA11AI.114277

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City	State	Zip Code
Henderson	NV	89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

932.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	0	8

Transaction ID: SA11AI.113331

Amount of Each Receipt this Period

59.00

**C.**

Full Name (Last, First, Middle Initial)

FLORA M. WALKER

Mailing Address 2492 Ram Crossingway

City	State	Zip Code
Henderson	NV	89074

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
REGIONAL DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

991.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113451

Amount of Each Receipt this Period

59.00

SUBTOTAL of Receipts This Page (optional) .....

168.00

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 291 / 456

(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)

CRYSTAL M. WALLACE

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113332

Amount of Each Receipt this Period

28.20

**B.**

Full Name (Last, First, Middle Initial)

CRYSTAL M. WALLACE

Mailing Address 38426 Village Lane

City

Mechanicsville

State

MD

Zip Code

20659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

EXECUTIVE OFFICE ASSISTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

482.28

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113452

Amount of Each Receipt this Period

28.20

**C.**

Full Name (Last, First, Middle Initial)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.67

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114076

Amount of Each Receipt this Period

23.08

**SUBTOTAL** of Receipts This Page (optional) .....

79.48

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 456

(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)

CARL WARNER

Mailing Address 6243 Hilliard

City

Lansing

State

MI

Zip Code

48911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

362.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114120

Amount of Each Receipt this Period

23.08

**B.**

Full Name (Last, First, Middle Initial)

DAVID WARRICK

Mailing Address 2638 Jay Court

City

Indianapolis

State

IN

Zip Code

46229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME IN CN 62

Occupation

UNION DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113738

Amount of Each Receipt this Period

70.00

**C.**

Full Name (Last, First, Middle Initial)

ANDRE' WASHINGTON

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

327.08

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113790

Amount of Each Receipt this Period

19.24

**SUBTOTAL** of Receipts This Page (optional) .....

112.32

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 456

(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)

ANDRE' WASHINGTON

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.32

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113845

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.41

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113333

Amount of Each Receipt this Period

35.56

**C.**

Full Name (Last, First, Middle Initial)

FRANK W. WASHINGTON

Mailing Address 1713 Crimson Place

City

Mitchellville

State

MD

Zip Code

20721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL AIDE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113453

Amount of Each Receipt this Period

35.56

**SUBTOTAL** of Receipts This Page (optional) .....

90.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 456

(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)

ALTON WATANABE

Mailing Address 836 Paloma Street

City

Wailuku

State

HI

Zip Code

96793

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113708

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

ERNEST WATERS

Mailing Address 13216 S Casimir Avenue

City

Gardena

State

CA

Zip Code

90249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME CA CN 36/PUBLIC TR-  
ANSP

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114306

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

JO ANN WAUGH

Mailing Address 4031 Executive Park Drive

City

Harrisburg

State

PA

Zip Code

17111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.94

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113619

Amount of Each Receipt this Period

40.24

**SUBTOTAL** of Receipts This Page (optional) .....

95.24

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 456

(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)

LONITAM. WAYBRIGHT

Mailing Address 3008 Athens Circle

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1113.46

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113334

Amount of Each Receipt this Period

74.23

**B.**

Full Name (Last, First, Middle Initial)

LONITAM. WAYBRIGHT

Mailing Address 3008 Athens Circle

City

Bowie

State

MD

Zip Code

20716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, BENEFITS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1187.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113454

Amount of Each Receipt this Period

74.23

**C.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

471.56

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114637

Amount of Each Receipt this Period

25.91

**SUBTOTAL** of Receipts This Page (optional) .....

174.37

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.47

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.114638

Amount of Each Receipt this Period

25.91

**B.**

Full Name (Last, First, Middle Initial)

KENNETH E. WEAVER

Mailing Address 451 London Road

City

Deerfield

State

WI

Zip Code

53531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

523.38

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.114639

Amount of Each Receipt this Period

25.91

**C.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City

Madison

State

WI

Zip Code

53717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.113335

Amount of Each Receipt this Period

43.23

SUBTOTAL of Receipts This Page (optional) .....

95.05

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: PAGE 297 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BRIAN V. WEEKS

Mailing Address 8033 Exceisior Drive  
Apt. A

City State Zip Code  
Madison WI 53717

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
POLITICAL ACTION COORDINATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.35

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113455

Amount of Each Receipt this Period

43.23

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH W. WEIDNER

Mailing Address 255 Binns Boulevard

City State Zip Code  
Columbus OH 43204-2515

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
EDITOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

567.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113517

Amount of Each Receipt this Period

63.52

**C.**

Full Name (Last, First, Middle Initial)

LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City State Zip Code  
McLean VA 22101

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME INT'L

Occupation  
GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.04

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113336

Amount of Each Receipt this Period

89.87

**SUBTOTAL** of Receipts This Page (optional) .....

196.62

**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 298 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LARRY P. WEINBERG

Mailing Address 1730 Chesterford Way

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1437.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Transaction ID: SA11AI.113456

Amount of Each Receipt this Period

89.87

**B.**

Full Name (Last, First, Middle Initial)

SUSAN WELDON

Mailing Address 16 Fairfield Street

City

Harrisburg

State

PA

Zip Code

17109-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/NSP

Occupation

CONTROL ROOM OPERATOR II

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	0	8

Transaction ID: SA11AI.113657

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: SA11AI.114641

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional) .....

144.87

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 299 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Transaction ID: SA11AI.114642

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

LAURA M. WELLE

Mailing Address 2460 Hamilton Street

City

Oshkosh

State

WI

Zip Code

54901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	8

Transaction ID: SA11AI.114643

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

JOHN P. WESTMORELAND

Mailing Address 4678 West Road

City

Moose Lake

State

MN

Zip Code

55767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/CN14

Occupation

BUSINESS AGENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Transaction ID: SA11AI.114195

Amount of Each Receipt this Period

67.80

SUBTOTAL of Receipts This Page (optional) .....

97.80

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 300 / 456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

890.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113791

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

JAMES R. WESTON

Mailing Address 1495 Irvin - Shoots Road

City

Morral

State

OH

Zip Code

43337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 4

Occupation

ASSOCIATE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

940.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113846

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114449

Amount of Each Receipt this Period

10.00

**SUBTOTAL** of Receipts This Page (optional) .....

110.00

**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 301 / 456

(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)  
DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114517

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)  
DONNA J. WESTRICK

Mailing Address 4300 Fremont Pike  
Lot 14

City State Zip Code  
Perrysburg OH 43551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114585

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)  
DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205

City State Zip Code  
Farmington Hills MI 48334

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114077

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional) .....

35.00

**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 302 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

DAVID WHITE

Mailing Address 27522 Gateway Drive  
Apt. #205City State Zip Code  
Farmington Hills MI 48334FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.114121

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

STEPHEN WHITE

Mailing Address 10508 Huntley Place

City State Zip Code  
Silver Spring MD 20902FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DC CN 20Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.114337

Amount of Each Receipt this Period

157.23

**C.**

Full Name (Last, First, Middle Initial)

TAMARA V. WHITE

Mailing Address 3355 Alden Place, NE

City State Zip Code  
Washington DC 20019FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'LOccupation  
HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	2	/	2	0	0	8

Transaction ID: SA11AI.113337

Amount of Each Receipt this Period

27.07

SUBTOTAL of Receipts This Page (optional) .....

199.30

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 303 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TAMARA V. WHITE

Mailing Address 3355 Alden Place, NE

City

Washington

State

DC

Zip Code

20019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

HUMAN RESOURCES ASSISTANT III

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

426.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	8

Transaction ID: SA11AI.113457

Amount of Each Receipt this Period

27.07

**B.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

411.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.114078

Amount of Each Receipt this Period

27.60

**C.**

Full Name (Last, First, Middle Initial)

DIANE WHITE-HARRIS

Mailing Address 1142 Wolf Run Drive

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

EXECUTIVE SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

438.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.114122

Amount of Each Receipt this Period

27.60

SUBTOTAL of Receipts This Page (optional) .....

82.27

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

HAROLD WICK

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.113792

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

HAROLD WICK

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	8

Transaction ID: SA11AI.113847

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

BRYCE WICKSTROM

Mailing Address 1267 Matilda Street

City

St. Paul

State

MN

Zip Code

55117-4473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MN CN 5/SOMN

Occupation

RECORDING SECRETARY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

843.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	8

Transaction ID: SA11AI.114234

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

160.00

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 305 / 456

(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)

GUY WIEDERHOLD

Mailing Address 906 Laurel Boulevard

City

Pottsville

State

PA

Zip Code

17901-2324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113620

Amount of Each Receipt this Period

66.30

**B.**

Full Name (Last, First, Middle Initial)

WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113338

Amount of Each Receipt this Period

45.63

**C.**

Full Name (Last, First, Middle Initial)

WILLIAM WILKINSON

Mailing Address 5272 Bradgen Court

City

Springfield

State

VA

Zip Code

22151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

ASSISTANT DIRECTOR, RESEARCH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.11

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113458

Amount of Each Receipt this Period

45.63

**SUBTOTAL** of Receipts This Page (optional) .....

157.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 456

(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)

BRENDA WILLIAMS

Mailing Address 444 NE Ravenna Blvd.  
STE. 108

City State Zip Code  
Seattle WA 98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114036

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

CHARLES WILLIAMS

Mailing Address 600 W Lafayette

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

423.25

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114079

Amount of Each Receipt this Period

31.25

**C.**

Full Name (Last, First, Middle Initial)

CHARLES WILLIAMS

Mailing Address 600 W Lafayette

City State Zip Code  
Detroit MI 48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

454.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114123

Amount of Each Receipt this Period

31.25

**SUBTOTAL** of Receipts This Page (optional) .....

92.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 456

(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)

CHARLES WILLIAMS

Mailing Address 600 W Lafayette

City

Detroit

State

MI

Zip Code

48226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

494.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114129

Amount of Each Receipt this Period

40.00

**B.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.26

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113339

Amount of Each Receipt this Period

43.08

**C.**

Full Name (Last, First, Middle Initial)

MICHAEL B. WILLIAMS

Mailing Address 6800 Fleetwood Rd.  
Apt. #1118

City

McLean

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME INT'L

Occupation

SPECIAL ASST. TO SECY-TREASURER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

792.34

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.113459

Amount of Each Receipt this Period

43.08

**SUBTOTAL** of Receipts This Page (optional) .....

126.16

**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: PAGE 308 / 456

(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)

PHILLIP WILLIAMS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.78

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.114241

Amount of Each Receipt this Period

61.58

**B.**

Full Name (Last, First, Middle Initial)

PHILLIP WILLIAMS

Mailing Address 296 Churchmans Road

City

New Castle

State

DE

Zip Code

19720-9930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME DE CN 81

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.114248

Amount of Each Receipt this Period

61.58

**C.**

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City

Detroit

State

MI

Zip Code

48219-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616.62

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114080

Amount of Each Receipt this Period

41.25

**SUBTOTAL** of Receipts This Page (optional) .....

164.41

**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 309 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**Full Name (Last, First, Middle Initial)  
SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City	State	Zip Code
Detroit	MI	48219-4727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

657.87

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	8

Transaction ID: SA11AI.114124

Amount of Each Receipt this Period

41.25

**B.**Full Name (Last, First, Middle Initial)  
CHARLES H. WILLIAMSON

Mailing Address 218 Bennett Road

City	State	Zip Code
Minford	OH	45653

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOHOccupation  
CORRECTIONS OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.114586

Amount of Each Receipt this Period

11.00

**C.**Full Name (Last, First, Middle Initial)  
DAUN M. WILLIAMSON

Mailing Address 1635 Log Run Rd.

City	State	Zip Code
Williamsport	PA	17701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13/SOPAOccupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA11AI.113651

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional) .....

92.25

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 310 / 456

(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)

JOE D. WILSON

Mailing Address 500 East Third Street  
Apt #521

City State Zip Code  
Dayton OH 45402

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME OH CN 8

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.83

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113519

Amount of Each Receipt this Period

49.74

**B.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.50

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113924

Amount of Each Receipt this Period

13.50

**C.**

Full Name (Last, First, Middle Initial)

SARAH C. WILSON

Mailing Address 3609 Apollo Street, SE

City State Zip Code  
Lacey WA 98503

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation  
STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114003

Amount of Each Receipt this Period

13.50

**SUBTOTAL** of Receipts This Page (optional) .....

76.74

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 456

(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)

ALLAN WINEY

Mailing Address 765 Mount Airy Road

City

Lewisburg

State

PA

Zip Code

17339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

ASSISTANT BUSINESS MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

781.87

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113621

Amount of Each Receipt this Period

94.42

**B.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.114451

Amount of Each Receipt this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOOH

Occupation

TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.114519

Amount of Each Receipt this Period

12.00

**SUBTOTAL** of Receipts This Page (optional) .....

118.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

JOSEPH M. WING

Mailing Address 3863 Walford Street

City

Columbus

State

OH

Zip Code

43224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH LOC 11/SOCH

Occupation

TRANSPORTATION TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

256.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114587

Amount of Each Receipt this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

654.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.113793

Amount of Each Receipt this Period

38.50

**C.**

Full Name (Last, First, Middle Initial)

MARY BETH WISHON

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

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

693.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.113848

Amount of Each Receipt this Period

38.50

**SUBTOTAL** of Receipts This Page (optional) .....

89.00

**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 313 / 456

(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)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 8

Transaction ID: SA11AI.113925

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

BRUCE H. WITHAM

Mailing Address 1329 S. 96th Street

City

Tacoma

State

WA

Zip Code

98444

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28/SOWA

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.114004

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

KRISTIE WOLF

Mailing Address 4923C Haverford Road

City

Harrisburg

State

PA

Zip Code

17109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME PA CN 13

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

526.80

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.113622

Amount of Each Receipt this Period

66.30

**SUBTOTAL** of Receipts This Page (optional) .....

116.30

**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 314 / 456

(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)

ARTHUR WOOD

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.70

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.114081

Amount of Each Receipt this Period

27.28

**B.**

Full Name (Last, First, Middle Initial)

ARTHUR WOOD

Mailing Address 31062 Birchwood

City

Westland

State

MI

Zip Code

48185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME MI CN 25

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.98

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.114125

Amount of Each Receipt this Period

27.28

**C.**

Full Name (Last, First, Middle Initial)

SHELBY L. WOODALL

Mailing Address 1006 Ironwood Circle

City

Akron

State

OH

Zip Code

44312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME OH CN 8

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

394.99

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.113520

Amount of Each Receipt this Period

49.74

**SUBTOTAL** of Receipts This Page (optional) .....

104.30

**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 315 / 456

(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)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd.

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.114262

Amount of Each Receipt this Period

77.56

**B.**

Full Name (Last, First, Middle Initial)

JEANETTE WYNN

Mailing Address 1642 W. MLK Blvd.

City

Quincy

State

FL

Zip Code

32351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME FL CN 79

Occupation

DELEGATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

513.24

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.113739

Amount of Each Receipt this Period

14.00

**C.**

Full Name (Last, First, Middle Initial)

WAYNE J. YAMASAKI

Mailing Address 1185 Kaeleku Street

City

Honolulu

State

HI

Zip Code

96825-3007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME HI LOC 152

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.113711

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

141.56

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 456

(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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	0	8

Transaction ID: SA11AI.114286

Amount of Each Receipt this Period

15.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA YUNK

Mailing Address 3427 W St. Paul Avenue

City

Milwaukee

State

WI

Zip Code

53208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 48

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	0	8

Transaction ID: SA11AI.114287

Amount of Each Receipt this Period

15.00

**C.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	8

Transaction ID: SA11AI.114644

Amount of Each Receipt this Period

18.02

SUBTOTAL of Receipts This Page (optional) .....

48.02

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 317 / 456

(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)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.34

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.114645

Amount of Each Receipt this Period

18.02

**B.**

Full Name (Last, First, Middle Initial)

GERALD S. ZASTROW

Mailing Address 328 Pond Street

City

Amherst

State

WI

Zip Code

54406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WI CN 24/SOWI

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.36

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.114646

Amount of Each Receipt this Period

18.02

**C.**

Full Name (Last, First, Middle Initial)

MATTHEW ZUVICH

Mailing Address 1212 Jefferson St. SE  
Suite 300

City

Olympia

State

WA

Zip Code

98501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AFSCME WA CN 28

Occupation

STAFF REPRESENTATIVE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.114037

Amount of Each Receipt this Period

21.00

**SUBTOTAL** of Receipts This Page (optional) .....

57.04

**TOTAL** This Period (last page this line number only) .....

41116.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 456

(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

Mailing Address P. O. BOX 2882  
Church Street Station

City State Zip Code  
New York NY 10008

FEC ID number of contributing  
federal political committee.

**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260339.75

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 4 / 2 0 0 8

Transaction ID: SA12.112304

Amount of Each Receipt this Period

22674.29

**B.**

Full Name (Last, First, Middle Initial)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY

Mailing Address P. O. BOX 2882  
Church Street Station

City State Zip Code  
New York NY 10008

FEC ID number of contributing  
federal political committee.

**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306340.38

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 7 / 2 0 0 8

Transaction ID: SA12.112305

Amount of Each Receipt this Period

46000.63

**C.**

Full Name (Last, First, Middle Initial)

DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY

Mailing Address P. O. BOX 2882  
Church Street Station

City State Zip Code  
New York NY 10008

FEC ID number of contributing  
federal political committee.

**C** C00149211

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415782.15

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Transaction ID: SA12.114687

Amount of Each Receipt this Period

109441.77

**SUBTOTAL** of Receipts This Page (optional) .....

178116.69

**TOTAL** This Period (last page this line number only) .....

178116.69

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 456

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AFSCME NY LOC 1000

Mailing Address 143 Washington Avenue

City

Albany

State

NY

Zip Code

12210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

685.50

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Transaction ID: SA15.112763

Amount of Each Receipt this Period

685.50

Sale of Airline Ticket

SUBTOTAL of Receipts This Page (optional) .....

685.50

TOTAL This Period (last page this line number only) .....

685.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 456

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

AMALGAMATED BANK

Mailing Address 275 7th Avenue

City

New York

State

NY

Zip Code

10001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1009496.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	0	8

Transaction ID: SA17.114685

Amount of Each Receipt this Period

588.21

Interest Income

SUBTOTAL of Receipts This Page (optional) .....

588.21

TOTAL This Period (last page this line number only) .....

588.21



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 321 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) BALANCA PANIAGUA ADORNO	<b>Transaction ID:</b> SB21B.112790 <b>Date of Disbursement</b>																				
Mailing Address Calle Urayoan #313 Urb Los. Caciques	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Carolina State PR Zip Code 00987-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
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) ▼																				
Category/Type: 002																					
<b>B.</b> Full Name (Last, First, Middle Initial) BALANCA PANIAGUA ADORNO	<b>Transaction ID:</b> SB21B.112791 <b>Date of Disbursement</b>																				
Mailing Address Calle Urayoan #313 Urb Los. Caciques	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Carolina State PR Zip Code 00987-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
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) ▼																				
Category/Type: 002																					
<b>C.</b> Full Name (Last, First, Middle Initial) BLANCA PANIAGUA ADORNO	<b>Transaction ID:</b> SB21B.112269 <b>Date of Disbursement</b>																				
Mailing Address Calle Urayoan #313 Urb Los Caciques	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	8												
City Carolina State PR Zip Code 00987	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">627.80</td> </tr> </table>	627.80																			
627.80																					
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) ▼																				
Category/Type: 002																					

**SUBTOTAL** of Disbursements This Page (optional) .....

962.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 322 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

AFSCME INTERNATIONAL

Mailing Address 1625 L Street NW

City  
Washington

State  
DC

Zip Code  
20036

Purpose of Disbursement

Data purchase

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.114132

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

4040.00

B.

Full Name (Last, First, Middle Initial)

AMBASSADORS

Mailing Address 240 Peachtree Street  
Suite 22-S-10

City  
Atlanta

State  
GA

Zip Code  
30303

Purpose of Disbursement

Hotel/PR/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112268

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

588.00

C.

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address P.O. Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement

Service Charges 8/1/08

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112306

Date of Disbursement

08 / 01 / 2008

Amount of Each Disbursement this Period

25.53

SUBTOTAL of Disbursements This Page (optional) .....

4653.53

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 323 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.112308 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charges 8/1/08 Candidate Name	<table border="1"> <tr> <td colspan="10">59.93</td> </tr> </table>	59.93																			
59.93																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.112310 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	1		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charges 8/1/08 Candidate Name	<table border="1"> <tr> <td colspan="10">32.53</td> </tr> </table>	32.53																			
32.53																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.112311 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charges 8/2/08 Candidate Name	<table border="1"> <tr> <td colspan="10">12.91</td> </tr> </table>	12.91																			
12.91																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

105.37

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 324 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.112309 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	4		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charges 8/4/08 Candidate Name	<table border="1"> <tr> <td colspan="10">32.43</td> </tr> </table>	32.43																			
32.43																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) AMERICAN EXPRESS	<b>Transaction ID:</b> SB21B.112312 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	5		2	0	0	8												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Service Charges 8/5/08 Candidate Name	<table border="1"> <tr> <td colspan="10">5.47</td> </tr> </table>	5.47																			
5.47																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ADELIA APONTE-PARSI	<b>Transaction ID:</b> SB21B.112313 <b>Date of Disbursement</b>																				
Mailing Address P. O. BOX 1253	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	2		2	0	0	8												
City Caguas State PR Zip Code 00726	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">617.80</td> </tr> </table>	617.80																			
617.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**655.70**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 325 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ADELIA APONTE-PARSI

Mailing Address P. O. BOX 1253

City  
Caguas

State  
PR

Zip Code  
00726

Purpose of Disbursement  
Per Diem/PR/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112792

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

ADELIA APONTE-PARSI

Mailing Address P. O. BOX 1253

City  
Caguas

State  
PR

Zip Code  
00726

Purpose of Disbursement  
Per Diem/PR/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112793

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

EDMOND ARQUERO

Mailing Address P.O. Box 945

City  
Waianae

State  
HI

Zip Code  
96792

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112795

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 326 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

EDMOND ARQUERO

Mailing Address P.O. Box 945

City  
Waianae

State  
HI

Zip Code  
96792

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112796

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

EDMOND ARQUERO

Mailing Address P.O. Box 945

City  
Waianae

State  
HI

Zip Code  
96792

Purpose of Disbursement  
Airfare/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113094

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

678.40

C.

Full Name (Last, First, Middle Initial)

GEORGE ARTHUR

Mailing Address 154 Roebling Avenue

City  
Buffalo

State  
NY

Zip Code  
14215

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113096

Date of Disbursement

08 / 24 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

1013.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 327 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

GEORGE ARTHUR

Mailing Address 154 Roebling Avenue

City Buffalo State NY Zip Code 14215

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113097

Date of Disbursement

08 / 24 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

GEORGE ARTHUR

Mailing Address 154 Roebling Avenue

City Buffalo State NY Zip Code 14215

Purpose of Disbursement  
Airfare/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113098

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

420.00

C.

Full Name (Last, First, Middle Initial)

CATHALEEN L. ASHTON

Mailing Address 46 Lake Shore Drive

City Wayland State MA Zip Code 01778

Purpose of Disbursement  
Airfare/MA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112315

Date of Disbursement

08 / 12 / 2008

Amount of Each Disbursement this Period

364.00

SUBTOTAL of Disbursements This Page (optional) .....

909.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 328 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) CATHALEEN L. ASHTON	<b>Transaction ID:</b> SB21B.112740 <b>Date of Disbursement</b>																				
Mailing Address 46 Lake Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Wayland State MA Zip Code 01778	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CATHALEEN L. ASHTON	<b>Transaction ID:</b> SB21B.112741 <b>Date of Disbursement</b>																				
Mailing Address 46 Lake Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Wayland State MA Zip Code 01778	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CATHLEEN L. ASHTON	<b>Transaction ID:</b> SB21B.113100 <b>Date of Disbursement</b>																				
Mailing Address 46 Lake Shore Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Wayland State MA Zip Code 01778-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/MA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1257.60</td> </tr> </table>	1257.60																			
1257.60																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1592.60

**TOTAL** This Period (last page this line number only) .....



X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 330 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) DONNA AUSMAN	<b>Transaction ID:</b> SB21B.112800 <b>Date of Disbursement</b>																				
Mailing Address 2202 Woodlawn Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Per Diem/FL/Delegate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div>125.00</div>																				
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) ▼	<div>002</div> Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) JON AUSMAN	<b>Transaction ID:</b> SB21B.112801 <b>Date of Disbursement</b>																				
Mailing Address 2202 Woodlawn Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Per Diem/FL/Delegate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div>210.00</div>																				
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) ▼	<div>002</div> Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) JON AUSMAN	<b>Transaction ID:</b> SB21B.112802 <b>Date of Disbursement</b>																				
Mailing Address 2202 Woodlawn Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Tallahassee State FL Zip Code 32303 Purpose of Disbursement Per Diem/FL/Delegate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div>125.00</div>																				
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) ▼	<div>002</div> Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 331 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AL AUSTIN, III Mailing Address 4562 Linden Avenue	<b>Transaction ID:</b> SB21B.112803 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Long Beach State CA Zip Code 90807 Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>210.00</div> <div>002</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) AL AUSTIN, III Mailing Address 4562 Linden Avenue City Long Beach State CA Zip Code 90807 Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112804 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div> <div>002</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) IDA BAILEY-JONES Mailing Address 3442 Mayfield Ave. City Baltimore State MD Zip Code 21213 Purpose of Disbursement Per Diem/MD/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112806 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>210.00</div> <div>002</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 332 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

IDA BAILEY-JONES

Mailing Address 3442 Mayfield Ave.

City Baltimore State MD Zip Code 21213

Purpose of Disbursement  
Per Diem/MD/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112807

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

JAN BANICKI

Mailing Address N 1629 Hwy 225

City Montello State WI Zip Code 53949

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112809

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

JAN BANICKI

Mailing Address N 1629 Hwy 225

City Montello State WI Zip Code 53949

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112810

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 333 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

JAN BANICKI

Mailing Address N 1629 Hwy 225

City  
Montello

State  
WI

Zip Code  
53949

Purpose of Disbursement  
Hotel/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113101

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

1112.42

B.

Full Name (Last, First, Middle Initial)

BART GROUP

Mailing Address 171 Main Street

City  
Port Washington

State  
NY

Zip Code  
11050

Purpose of Disbursement  
Service Charges 8/6/08

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112320

Date of Disbursement

08 / 06 / 2008

Amount of Each Disbursement this Period

1193.26

C.

Full Name (Last, First, Middle Initial)

JAMES BESTPITCH

Mailing Address 11922 Getson Lane

City  
Cumberland

State  
MD

Zip Code  
21502

Purpose of Disbursement  
Per Diem/MD/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112811

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

2515.68

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 334 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES BESTPITCH</b>	<b>Transaction ID:</b> SB21B.112812 <b>Date of Disbursement</b>																				
Mailing Address 11922 Getson Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Cumberland State MD Zip Code 21502	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/MD/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DEBORAH K. BINDAS</b>	<b>Transaction ID:</b> SB21B.112813 <b>Date of Disbursement</b>																				
Mailing Address 901 North Road S.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>DEBORAH K. BINDAS</b>	<b>Transaction ID:</b> SB21B.112814 <b>Date of Disbursement</b>																				
Mailing Address 901 North Road S.E.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 335 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) DEBBIE BOGARDE	<b>Transaction ID:</b> SB21B.112816 <b>Date of Disbursement</b>																				
Mailing Address 4303 Vermont Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Harrisburg State PA Zip Code 17112	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DEBBIE BOGARDE	<b>Transaction ID:</b> SB21B.112817 <b>Date of Disbursement</b>																				
Mailing Address 4303 Vermont Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Harrisburg State PA Zip Code 17112	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DEBBIE BOGARDE	<b>Transaction ID:</b> SB21B.113102 <b>Date of Disbursement</b>																				
Mailing Address 4303 Vermont Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Harrisburg State PA Zip Code 17112	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/PA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1570.85</td> </tr> </table>	1570.85																			
1570.85																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1905.85

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 336 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) MICHAEL A. BOLDEN	<b>Transaction ID:</b> SB21B.112819 <b>Date of Disbursement</b>
Mailing Address 7209 Ballygar Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Elk Grove State CA Zip Code 95758 Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) MICHAEL A. BOLDEN	<b>Transaction ID:</b> SB21B.112820 <b>Date of Disbursement</b>
Mailing Address 7209 Ballygar Way	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Elk Grove State CA Zip Code 95758 Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) GEORGE BONCORAGLIO	<b>Transaction ID:</b> SB21B.112730 <b>Date of Disbursement</b>
Mailing Address 344 Main Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Staten Island State NY Zip Code 10314 Purpose of Disbursement Per Diem/CA/Alternate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>600.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 337 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MARY L. BOTKIN	<b>Transaction ID:</b> SB21B.112323 <b>Date of Disbursement</b>																				
Mailing Address 6025 E Burnside Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	8												
City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">238.56</td> </tr> </table>	238.56																			
238.56																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARY L. BOTKIN	<b>Transaction ID:</b> SB21B.112821 <b>Date of Disbursement</b>																				
Mailing Address 6025 E Burnside Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARY L. BOTKIN	<b>Transaction ID:</b> SB21B.112822 <b>Date of Disbursement</b>																				
Mailing Address 6025 E Burnside Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Portland State OR Zip Code 97214	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

573.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 338 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) DIANE BOWMAN	<b>Transaction ID:</b> SB21B.112824 <b>Date of Disbursement</b>																				
Mailing Address 136 Linglestown Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Harrisburgh</td> <td>State PA</td> <td>Zip Code 17110</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Harrisburgh	State PA	Zip Code 17110	Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>210.00</div>												
City Harrisburgh	State PA	Zip Code 17110																			
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) DIANE BOWMAN	<b>Transaction ID:</b> SB21B.112825 <b>Date of Disbursement</b>																				
Mailing Address 136 Linglestown Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Harrisburgh</td> <td>State PA</td> <td>Zip Code 17110</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Harrisburgh	State PA	Zip Code 17110	Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>125.00</div>												
City Harrisburgh	State PA	Zip Code 17110																			
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) ARLYN BRADSHAW	<b>Transaction ID:</b> SB21B.113104 <b>Date of Disbursement</b>																				
Mailing Address 228 E. 500, Suite #403	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
<table border="1"> <tr> <td>City Salt Lake City</td> <td>State UT</td> <td>Zip Code 84111</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/UT/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Salt Lake City	State UT	Zip Code 84111	Purpose of Disbursement Per Diem/UT/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>335.00</div>												
City Salt Lake City	State UT	Zip Code 84111																			
Purpose of Disbursement Per Diem/UT/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**670.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 339 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) EDNA BROWN	<b>Transaction ID:</b> SB21B.112828 <b>Date of Disbursement</b>
Mailing Address 2461 Warren	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Toledo State OH Zip Code 43620	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/OH/Page/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) EDNA BROWN	<b>Transaction ID:</b> SB21B.112829 <b>Date of Disbursement</b>
Mailing Address 2461 Warren	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Toledo State OH Zip Code 43620	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/OH/Page/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) WILLIAM BRYLES	<b>Transaction ID:</b> SB21B.112831 <b>Date of Disbursement</b>
Mailing Address 3400 South Western	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Oklahoma City State OK Zip Code 73109	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/OK/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**545.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) WILLIAM BRYLES	<b>Transaction ID:</b> SB21B.112832 <b>Date of Disbursement</b>																				
Mailing Address 3400 South Western	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Oklahoma City State OK Zip Code 73109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OK/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WILLIAM BRYLES	<b>Transaction ID:</b> SB21B.113105 <b>Date of Disbursement</b>																				
Mailing Address 3400 South Western	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Oklahoma City State OK Zip Code 73109	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/OK/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">855.65</td> </tr> </table>	855.65																			
855.65																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ANN BURSIS	<b>Transaction ID:</b> SB21B.112833 <b>Date of Disbursement</b>																				
Mailing Address 415 15th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Honesdale State PA Zip Code 18431	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1190.65

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) ANN BURSIS Mailing Address 415 15th Street	<b>Transaction ID:</b> SB21B.112834 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Honesdale State PA Zip Code 18431 Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ANN BURSIS Mailing Address 415 15th Street City Honesdale State PA Zip Code 18431 Purpose of Disbursement Hotel/PA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.113106 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1510.25</div>
<b>C.</b> Full Name (Last, First, Middle Initial) RUTHA BUSH Mailing Address 97 South 24th Street City Syandanch State NY Zip Code 11798 Purpose of Disbursement Per Diem/NY/Alternate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112835 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>210.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

1845.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

RUTHA BUSH

Mailing Address 97 South 24th Street

City  
Syandanch

State  
NY

Zip Code  
11798

Purpose of Disbursement  
Per Diem/NY/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112836

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

MARY CAMPOS

Mailing Address 203 E 16th Street

City  
Des Moines

State  
IA

Zip Code  
50316

Purpose of Disbursement  
Per Diem/IA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112742

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

MARY CAMPOS

Mailing Address 203 E 16th Street

City  
Des Moines

State  
IA

Zip Code  
50316

Purpose of Disbursement  
Per Diem/IA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112743

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) MARY CAMPOS Mailing Address 203 E 16th Street	<b>Transaction ID:</b> SB21B.113107 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div>
City Des Moines State IA Zip Code 50316 Purpose of Disbursement Airfare/IA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>514.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TERRANCE CARROLL Mailing Address 1200 17th Street Suite 2400 City Denver State CO Zip Code 80202 Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112838 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) TERRANCE CARROLL Mailing Address 1200 17th Street Suite 2400 City Denver State CO Zip Code 80202 Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112839 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**849.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>TERRANCE CARROLL</b>	<b>Transaction ID:</b> SB21B.113108 <b>Date of Disbursement</b>
Mailing Address 1200 17th Street Suite 2400	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City State Zip Code Denver CO 80202	Amount of Each Disbursement this Period
Purpose of Disbursement Hotel/CO/Delegate/DNC 2008 Candidate Name	<div> <div>1544.75</div> <div>002 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRED CASILLAS</b>	<b>Transaction ID:</b> SB21B.112841 <b>Date of Disbursement</b>
Mailing Address 909 W. 21st Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Rock Falls IL 61071	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/IL/Alternate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FRED CASILLAS</b>	<b>Transaction ID:</b> SB21B.112842 <b>Date of Disbursement</b>
Mailing Address 909 W. 21st Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Rock Falls IL 61071	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/IL/Alternate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1879.75**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ERNEST CHAVEZ</b>	<b>Transaction ID:</b> SB21B.112744 <b>Date of Disbursement</b>
Mailing Address 1531 Severo Road SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87105	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/NM/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ERNEST CHAVEZ</b>	<b>Transaction ID:</b> SB21B.112745 <b>Date of Disbursement</b>
Mailing Address 1531 Severo Road SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87105	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/NM/Delegate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>ERNEST CHAVEZ</b>	<b>Transaction ID:</b> SB21B.113109 <b>Date of Disbursement</b>
Mailing Address 1531 Severo Road SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87105	Amount of Each Disbursement this Period
Purpose of Disbursement Hotel/NM/Delegate/DNC 2008 Candidate Name	<div> <div>1027.90</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1362.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 346 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ERNEST CHAVEZ</b>	<b>Transaction ID:</b> SB21B.113110 <b>Date of Disbursement</b>
Mailing Address 1531 Severo Road SW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Albuquerque State NM Zip Code 87105 Purpose of Disbursement Airfare/NM/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>456.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>LINDA CHAVEZ-THOMPSON</b>	<b>Transaction ID:</b> SB21B.112844 <b>Date of Disbursement</b>
Mailing Address 6226 Meadow Haven	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City San Antonio State TX Zip Code 78239 Purpose of Disbursement Per Diem/TX/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>210.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>LINDA CHAVEZ-THOMPSON</b>	<b>Transaction ID:</b> SB21B.112845 <b>Date of Disbursement</b>
Mailing Address 6226 Meadow Haven	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City San Antonio State TX Zip Code 78239 Purpose of Disbursement Per Diem/TX/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div>	Amount of Each Disbursement this Period <div>125.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**791.52**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 347 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) CAROLYN CLARK	<b>Transaction ID:</b> SB21B.112846 <b>Date of Disbursement</b>																				
Mailing Address 4415 Rolling Pine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City West Bloomfield State MI Zip Code 48324	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CAROLYN CLARK	<b>Transaction ID:</b> SB21B.112847 <b>Date of Disbursement</b>																				
Mailing Address 4415 Rolling Pine	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City West Bloomfield State MI Zip Code 48324	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BARBARA COOPER	<b>Transaction ID:</b> SB21B.112848 <b>Date of Disbursement</b>																				
Mailing Address 931 S. Walnut Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City West Chester State PA Zip Code 19382	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 348 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

BARBARA COOPER

Mailing Address 931 S. Walnut Street

City

West Chester

State

PA

Zip Code

19382

Purpose of Disbursement

Per Diem/PA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.112849

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

BARBARA COOPER

Mailing Address 931 S. Walnut Street

City

West Chester

State

PA

Zip Code

19382

Purpose of Disbursement

Airfare/PA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.113111

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

426.18

**C.**

Full Name (Last, First, Middle Initial)

ED COTE

Mailing Address 4608 Olive Street

City

Vancouver

State

WA

Zip Code

98663

Purpose of Disbursement

Per Diem/WA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.112850

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional) .....

761.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 349 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ED COTE	<b>Transaction ID:</b> SB21B.112851 <b>Date of Disbursement</b>																				
Mailing Address 4608 Olive Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Vancouver State WA Zip Code 98663	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) COURTYARD DENVER DOWNTOWN	<b>Transaction ID:</b> SB21B.113171 <b>Date of Disbursement</b>																				
Mailing Address 934 16th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Denver State CO Zip Code 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/IA/Delegates/DNC 2008	<table border="1"> <tr> <td colspan="10">3962.40</td> </tr> </table>	3962.40																			
3962.40																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CAROLYN COVINGTON	<b>Transaction ID:</b> SB21B.112746 <b>Date of Disbursement</b>																				
Mailing Address 1577 C Street Suite 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Anchorage State AK Zip Code 99501	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4297.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 350 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) CAROLYN COVINGTON	<b>Transaction ID:</b> SB21B.112748 <b>Date of Disbursement</b>																				
Mailing Address 1577 C Street Suite 201	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Anchorage State AK Zip Code 99501	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) DANNY CRAIG	<b>Transaction ID:</b> SB21B.112852 <b>Date of Disbursement</b>																				
Mailing Address 18945 Littlefield	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Detroit State MI Zip Code 48235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) DANNY CRAIG	<b>Transaction ID:</b> SB21B.112853 <b>Date of Disbursement</b>																				
Mailing Address 18945 Littlefield	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Detroit State MI Zip Code 48235	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 351 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) KENNETH R. DASH, Sr.	<b>Transaction ID:</b> SB21B.112324 <b>Date of Disbursement</b>																				
Mailing Address 320 Lena Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	4		2	0	0	8												
City Freeport State NY Zip Code 11520	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">347.00</td> </tr> </table>	347.00																			
347.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KENNETH R. DASH, Sr.	<b>Transaction ID:</b> SB21B.112854 <b>Date of Disbursement</b>																				
Mailing Address 320 Lena Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Freeport State NY Zip Code 11520	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KENNETH R. DASH, Sr.	<b>Transaction ID:</b> SB21B.112855 <b>Date of Disbursement</b>																				
Mailing Address 320 Lena Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Freeport State NY Zip Code 11520	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
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SUBTOTAL of Disbursements This Page (optional) .....

682.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 352 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JOHN DAVIES</b> Mailing Address 1998 Kittiwake Drive	<b>Transaction ID:</b> SB21B.112751 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div>
City Fairbanks State AK Zip Code 99709 Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JOHN DAVIES</b> Mailing Address 1998 Kittiwake Drive City Fairbanks State AK Zip Code 99709 Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112752 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN DAVIES</b> Mailing Address 1998 Kittiwake Drive City Fairbanks State AK Zip Code 99709 Purpose of Disbursement Airfare/AK/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.113112 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>713.40</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1048.40**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 353 / 456

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CARL DAVIS</p> <p>Mailing Address 1507 California Street Apt. #6</p> <p>City Houston State TX Zip Code 77006</p> <p>Purpose of Disbursement Per Diem/TX/Alternate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.112856</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 210.00</p> <p>002 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CARL DAVIS</p> <p>Mailing Address 1507 California Street Apt. #6</p> <p>City Houston State TX Zip Code 77006</p> <p>Purpose of Disbursement Per Diem/TX/Alternate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.112857</p> <p>Date of Disbursement 08 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 125.00</p> <p>002 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CARL DAVIS</p> <p>Mailing Address 1507 California Street Apt. #6</p> <p>City Houston State TX Zip Code 77006</p> <p>Purpose of Disbursement Hotel/TX/Alternate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.113113</p> <p>Date of Disbursement 08 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1061.70</p> <p>002 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1396.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 354 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) JOE DAVIS	<b>Transaction ID:</b> SB21B.113115 <b>Date of Disbursement</b>																				
Mailing Address 115 Spring Meadow Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	8												
City State Zip Code Williamsville NY 14221	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JOE DAVIS	<b>Transaction ID:</b> SB21B.113116 <b>Date of Disbursement</b>																				
Mailing Address 115 Spring Meadow Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	4		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	4		2	0	0	8												
City State Zip Code Williamsville NY 14221	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOE DAVIS	<b>Transaction ID:</b> SB21B.113117 <b>Date of Disbursement</b>																				
Mailing Address 115 Spring Meadow Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City State Zip Code Williamsville NY 14221	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">435.00</td> </tr> </table>	435.00																			
435.00																					
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**SUBTOTAL** of Disbursements This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 355 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) RUTH DAVIS	<b>Transaction ID:</b> SB21B.112858 <b>Date of Disbursement</b>																				
Mailing Address 3251 Crete Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38111</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38111	Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>210.00</div>												
City Memphis	State TN	Zip Code 38111																			
Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) RUTH DAVIS	<b>Transaction ID:</b> SB21B.112859 <b>Date of Disbursement</b>																				
Mailing Address 3251 Crete Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38111</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38111	Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>125.00</div>												
City Memphis	State TN	Zip Code 38111																			
Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) RUTH DAVIS	<b>Transaction ID:</b> SB21B.112725 <b>Date of Disbursement</b>																				
Mailing Address 3251 Crete Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
<table border="1"> <tr> <td>City Memphis</td> <td>State TN</td> <td>Zip Code 38111</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Airfare/TN/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Memphis	State TN	Zip Code 38111	Purpose of Disbursement Airfare/TN/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>254.50</div>												
City Memphis	State TN	Zip Code 38111																			
Purpose of Disbursement Airfare/TN/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**589.50**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 356 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO	<b>Transaction ID:</b> SB21B.112860 <b>Date of Disbursement</b>																				
Mailing Address 1015 Washington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Brighton State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Alternate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO	<b>Transaction ID:</b> SB21B.112861 <b>Date of Disbursement</b>																				
Mailing Address 1015 Washington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Brighton State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Alternate/DNC 2008	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JEANETTE DIFLORIO	<b>Transaction ID:</b> SB21B.113118 <b>Date of Disbursement</b>																				
Mailing Address 1015 Washington Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Brighton State MI Zip Code 48116	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/MI/Alternate/DNC 2008	<table border="1"> <tr> <td>350.68</td> </tr> </table>	350.68																			
350.68																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

685.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 357 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) BELINDA DIXON	<b>Transaction ID:</b> SB21B.112862 <b>Date of Disbursement</b>
Mailing Address 150 Brabant Street #1A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Staten Island State NY Zip Code 10302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) BELINDA DIXON	<b>Transaction ID:</b> SB21B.112863 <b>Date of Disbursement</b>
Mailing Address 150 Brabant Street #1A	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Staten Island State NY Zip Code 10302	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DANNY DONOHUE	<b>Transaction ID:</b> SB21B.112732 <b>Date of Disbursement</b>
Mailing Address 10 Longview Drive	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 5 / 2 0 0 8</div> </div>
City Clifton Park State NY Zip Code 12061	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<div> <div>600.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**935.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 358 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) PAULA DORSEY	<b>Transaction ID:</b> SB21B.112864 <b>Date of Disbursement</b>								
Mailing Address 3403 N 44th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Milwaukee</td> <td>State WI</td> <td>Zip Code 53219</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Milwaukee	State WI	Zip Code 53219	Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
City Milwaukee	State WI	Zip Code 53219							
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008		<div>002</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
<b>B.</b> Full Name (Last, First, Middle Initial) PAULA DORSEY	<b>Transaction ID:</b> SB21B.112865 <b>Date of Disbursement</b>								
Mailing Address 3403 N 44th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Milwaukee</td> <td>State WI</td> <td>Zip Code 53219</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Milwaukee	State WI	Zip Code 53219	Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
City Milwaukee	State WI	Zip Code 53219							
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008		<div>002</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
<b>C.</b> Full Name (Last, First, Middle Initial) CLAUDIA DOUGLAS	<b>Transaction ID:</b> SB21B.112755 <b>Date of Disbursement</b>								
Mailing Address P.O. Box 870628	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>								
<table border="1"> <tr> <td>City Wasilla</td> <td>State AK</td> <td>Zip Code 99687</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Wasilla	State AK	Zip Code 99687	Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
City Wasilla	State AK	Zip Code 99687							
Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008		<div>002</div> Category/ Type							
Candidate Name									
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**545.00**

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 359 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CLAUDIA DOUGLAS

Mailing Address P.O. Box 870628

City  
Wasilla

State  
AK

Zip Code  
99687

Purpose of Disbursement  
Per Diem/AK/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112756

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

CLAUDIA DOUGLAS

Mailing Address P.O. Box 870628

City  
Wasilla

State  
AK

Zip Code  
99687

Purpose of Disbursement  
Airfare/AK/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113119

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

937.90

**C.**

Full Name (Last, First, Middle Initial)

MABEL EVERETT

Mailing Address 128-14 140th Street

City  
South Ozone Park

State  
NY

Zip Code  
11436

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112867

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1272.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 360 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MABEL EVERETT	<b>Transaction ID:</b> SB21B.112868 <b>Date of Disbursement</b>																				
Mailing Address 128-14 140th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City South Ozone Park</td> <td>State NY</td> <td>Zip Code 11436</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City South Ozone Park	State NY	Zip Code 11436	Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>125.00</div>												
City South Ozone Park	State NY	Zip Code 11436																			
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) MABEL EVERETT	<b>Transaction ID:</b> SB21B.113120 <b>Date of Disbursement</b>																				
Mailing Address 128-14 140th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
<table border="1"> <tr> <td>City South Ozone Park</td> <td>State NY</td> <td>Zip Code 11436</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Airfare/NY/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City South Ozone Park	State NY	Zip Code 11436	Purpose of Disbursement Airfare/NY/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>347.00</div>												
City South Ozone Park	State NY	Zip Code 11436																			
Purpose of Disbursement Airfare/NY/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) CATHRYN FELLINGER	<b>Transaction ID:</b> SB21B.112869 <b>Date of Disbursement</b>																				
Mailing Address 2271 Edmonton Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Columbus</td> <td>State OH</td> <td>Zip Code 43229-4705</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008</td> <td rowspan="2"> <div>002</div>           Category/ Type         </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Columbus	State OH	Zip Code 43229-4705	Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008		<div>002</div> Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <div>210.00</div>												
City Columbus	State OH	Zip Code 43229-4705																			
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008		<div>002</div> Category/ Type																			
Candidate Name																					
<table border="1"> <tr> <td>Office Sought:</td> <td>Disbursement For:</td> </tr> <tr> <td> <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President         </td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼         </td> </tr> <tr> <td>State: District:</td> <td></td> </tr> </table>	Office Sought:	Disbursement For:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:																
Office Sought:	Disbursement For:																				
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
State: District:																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**682.00**

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 361 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

CATHRYN FELLINGER

Mailing Address 2271 Edmonton Road

City  
Columbus

State  
OH

Zip Code  
43229-4705

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112871

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

STEPHANIE FINDLEY

Mailing Address 3427 W St. Paul Avenue

City  
Milwaukee

State  
WI

Zip Code  
53208

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112757

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

STEPHANIE FINDLEY

Mailing Address 3427 W St. Paul Avenue

City  
Milwaukee

State  
WI

Zip Code  
53208

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112759

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) ▶

460.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 362 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) RAPHUS FOLEY, JR.	<b>Transaction ID:</b> SB21B.113123 <b>Date of Disbursement</b>																				
Mailing Address 5111 Idaho Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Houston State TX Zip Code 77021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Hotel/TX/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1061.70</td> </tr> </table>	1061.70																			
1061.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RAPHUS FOLEY, JR.	<b>Transaction ID:</b> SB21B.113122 <b>Date of Disbursement</b>																				
Mailing Address 5111 Idaho Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Houston State TX Zip Code 77021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/TX/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">230.50</td> </tr> </table>	230.50																			
230.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RAPHUS FOLEY, Jr.	<b>Transaction ID:</b> SB21B.112765 <b>Date of Disbursement</b>																				
Mailing Address 511 Idaho Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Houston State TX Zip Code 77021	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/TX/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1502.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 363 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) RAPHUS FOLEY, Jr.	<b>Transaction ID:</b> SB21B.112767 <b>Date of Disbursement</b>																				
Mailing Address 511 Idaho Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Houston State TX Zip Code 77021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/TX/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) FOUR POINTS BY SHERATON-DENVER SOUTHEAST	<b>Transaction ID:</b> SB21B.113183 <b>Date of Disbursement</b>																				
Mailing Address 636 E. Hampden Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Denver State CO Zip Code 80222	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/AK-PR/Delegates/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">6615.45</td> </tr> </table>	6615.45																			
6615.45																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN FRAZIER	<b>Transaction ID:</b> SB21B.112782 <b>Date of Disbursement</b>																				
Mailing Address 1312 South I Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Tacoma State WA Zip Code 98405	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

6950.45

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 364 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

JOHN FRAZIER

Mailing Address 1312 South I Street

City  
Tacoma

State  
WA

Zip Code  
98405

Purpose of Disbursement  
Per Diem/WA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112875

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

EMILY MIRANDA GALINDO

Mailing Address 885 Park Avenue  
Apt. 4C

City  
Brooklyn

State  
NY

Zip Code  
11206

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112877

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

EMILY MIRANDA GALINDO

Mailing Address 885 Park Avenue  
Apt. 4C

City  
Brooklyn

State  
NY

Zip Code  
11206

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112878

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 365 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ALBERT GARRETT

Mailing Address 600 West Lafayette  
Suite 500City State Zip Code  
Detroit MI 48226Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112733

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 1 5 / 2 0 0 8

Amount of Each Disbursement this Period

600.00

B.

Full Name (Last, First, Middle Initial)

RUBY GILLIAM

Mailing Address 2024 Leisure Road NW

City State Zip Code  
Minerva OH 44657Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112768

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

RUBY GILLIAM

Mailing Address 2024 Leisure Road NW

City State Zip Code  
Minerva OH 44657Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112770

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 8

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) ▶

935.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 366 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ALICE GOFF Mailing Address 8124 Alix Ave.	<b>Transaction ID:</b> SB21B.112771 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90001-3517 Purpose of Disbursement Per Diem/CA/Alternate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ALICE GOFF Mailing Address 8124 Alix Ave.	<b>Transaction ID:</b> SB21B.112772 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90001-3517 Purpose of Disbursement Per Diem/CA/Alternate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) JIMMY GOMEZ Mailing Address 4322 Los Feliz Blvd. #12	<b>Transaction ID:</b> SB21B.112326 <b>Date of Disbursement</b> <div> <div>08</div> <div>14</div> <div>2008</div> </div>
City Los Angeles State CA Zip Code 90027 Purpose of Disbursement Airfare/CA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>291.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**626.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 367 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) JIMMY GOMEZ	<b>Transaction ID:</b> SB21B.112879 <b>Date of Disbursement</b>																				
Mailing Address 4322 Los Feliz Blvd. #12	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Los Angeles</td> <td>State CA</td> <td>Zip Code 90027</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008</td> <td rowspan="2">002 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Los Angeles	State CA	Zip Code 90027	Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008		002 Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00											
City Los Angeles	State CA	Zip Code 90027																			
Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008		002 Category/ Type																			
Candidate Name																					
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JIMMY GOMEZ	<b>Transaction ID:</b> SB21B.112880 <b>Date of Disbursement</b>																				
Mailing Address 4322 Los Feliz Blvd. #12	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
<table border="1"> <tr> <td>City Los Angeles</td> <td>State CA</td> <td>Zip Code 90027</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008</td> <td rowspan="2">002 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Los Angeles	State CA	Zip Code 90027	Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008		002 Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00											
City Los Angeles	State CA	Zip Code 90027																			
Purpose of Disbursement Per Diem/CA/Delegate/DNC 2008		002 Category/ Type																			
Candidate Name																					
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SHERRYL GORDON	<b>Transaction ID:</b> SB21B.112735 <b>Date of Disbursement</b>																				
Mailing Address 3 Longwood Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
<table border="1"> <tr> <td>City Columbus</td> <td>State NJ</td> <td>Zip Code 08022-0000</td> </tr> <tr> <td colspan="2">Purpose of Disbursement Per Diem/NJ/Delegate/DNC 2008</td> <td rowspan="2">002 Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Columbus	State NJ	Zip Code 08022-0000	Purpose of Disbursement Per Diem/NJ/Delegate/DNC 2008		002 Category/ Type	Candidate Name		<b>Amount of Each Disbursement this Period</b> <table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00											
City Columbus	State NJ	Zip Code 08022-0000																			
Purpose of Disbursement Per Diem/NJ/Delegate/DNC 2008		002 Category/ Type																			
Candidate Name																					
600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 368 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MARY M. GOULDING	<b>Transaction ID:</b> SB21B.112881 <b>Date of Disbursement</b>
Mailing Address 2483 Hemlock Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Green Bay State WI Zip Code 54311	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MARY M. GOULDING	<b>Transaction ID:</b> SB21B.112882 <b>Date of Disbursement</b>
Mailing Address 2483 Hemlock Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Green Bay State WI Zip Code 54311	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ELYSE GUTTENBERG	<b>Transaction ID:</b> SB21B.113125 <b>Date of Disbursement</b>
Mailing Address 3360 Murphy Dome Road	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Fairbanks State AK Zip Code 99709	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Hotel/AK/Delegate/DNC 2008 Candidate Name	<div> <div>1037.40</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1372.40

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 369 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) ELYSE GUTTENBURG	<b>Transaction ID:</b> SB21B.112773 <b>Date of Disbursement</b>																				
Mailing Address 3360 Murphy Dome Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Fairbanks State AK Zip Code 99709	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) ELYSE GUTTENBURG	<b>Transaction ID:</b> SB21B.112775 <b>Date of Disbursement</b>																				
Mailing Address 3360 Murphy Dome Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Fairbanks State AK Zip Code 99709	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/AK/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EDWARD HASEGAWA	<b>Transaction ID:</b> SB21B.112886 <b>Date of Disbursement</b>																				
Mailing Address 250 N. Judd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Honolulu State HI Zip Code 96817	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/HI/Page/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 370 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) EDWARD HASEGAWA	<b>Transaction ID:</b> SB21B.112887 <b>Date of Disbursement</b>																				
Mailing Address 250 N. Judd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Honolulu State HI Zip Code 96817	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/HI/Page/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDWARD HASEGAWA	<b>Transaction ID:</b> SB21B.113126 <b>Date of Disbursement</b>																				
Mailing Address 250 N. Judd Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Honolulu State HI Zip Code 96817	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/HI/Page/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">880.86</td> </tr> </table>	880.86																			
880.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JOSEPH HATCH	<b>Transaction ID:</b> SB21B.113127 <b>Date of Disbursement</b>																				
Mailing Address 1411 Michigan Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Salt Lake City State UT Zip Code 84105	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/UT/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">75.00</td> </tr> </table>	75.00																			
75.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1080.86

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 371 / 456

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) JULIA HICKS</p> <p>Mailing Address 8300 North Sheridan Blvd. #2A</p> <p>City Westminister State CO Zip Code 80003</p> <p>Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.112888</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 8</div> <div>2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>210.00</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) JULIA HICKS</p> <p>Mailing Address 8300 North Sheridan Blvd. #2A</p> <p>City Westminister State CO Zip Code 80003</p> <p>Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.112889</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>1 8</div> <div>2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>125.00</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) JULIA HICKS</p> <p>Mailing Address 8300 North Sheridan Blvd. #2A</p> <p>City Westminister State CO Zip Code 80003</p> <p>Purpose of Disbursement Hotel/CO/Delegate/DNC 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.113128</p> <p><b>Date of Disbursement</b>  <div> <div>M M</div> <div>D D</div> <div>Y Y Y Y</div> </div> <div> <div>0 8</div> <div>2 7</div> <div>2 0 0 8</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>1544.75</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

1879.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

PAGE 372 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) ABENA HOGAN Mailing Address 9264 Ward Street	<b>Transaction ID:</b> SB21B.112784 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div>
City State Zip Code Detroit MI 48228 Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name <div>002</div> Category/ Type 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:	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) ABENA HOGAN Mailing Address 9264 Ward Street City State Zip Code Detroit MI 48228 Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name <div>002</div> Category/ Type 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:	<b>Transaction ID:</b> SB21B.112785 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) DANNY HOMAN Mailing Address 4320 NW Second Avenue City State Zip Code Des Moines IA 50313 Purpose of Disbursement Per Diem/IA/Delegate/DNC 2008 Candidate Name <div>002</div> Category/ Type 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:	<b>Transaction ID:</b> SB21B.112697 <b>Date of Disbursement</b> <div> <div>08</div> <div>19</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>600.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**935.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 373 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) DANNY HOMAN	<b>Transaction ID:</b> SB21B.112705 <b>Date of Disbursement</b>																				
Mailing Address 4320 NW Second Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Des Moines State IA Zip Code 50313	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/IA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1320.78</td> </tr> </table>	1320.78																			
1320.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) JIM HOWELL	<b>Transaction ID:</b> SB21B.112891 <b>Date of Disbursement</b>																				
Mailing Address 290 Pratt Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Meeriden State CT Zip Code 06450-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/CT/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JIM HOWELL	<b>Transaction ID:</b> SB21B.112892 <b>Date of Disbursement</b>																				
Mailing Address 290 Pratt Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Meeriden State CT Zip Code 06450-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/CT/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1655.78

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 374 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MARY ANN HOWELL	<b>Transaction ID:</b> SB21B.112894 <b>Date of Disbursement</b>																				
Mailing Address 1908 Mountain Oak Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARY ANN HOWELL	<b>Transaction ID:</b> SB21B.112895 <b>Date of Disbursement</b>																				
Mailing Address 1908 Mountain Oak Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Columbus State OH Zip Code 43219	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) JACK HUGHES	<b>Transaction ID:</b> SB21B.112897 <b>Date of Disbursement</b>																				
Mailing Address 27521 Trotters Run	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Salisbury State MD Zip Code 21801	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MD/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 376 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY DENVER	<b>Transaction ID:</b> SB21B.112702 <b>Date of Disbursement</b>																				
Mailing Address 650 15th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/Delegates/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY DENVER	<b>Transaction ID:</b> SB21B.112704 <b>Date of Disbursement</b>																				
Mailing Address 650 15th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City State Zip Code Denver CO 80202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/Delegates/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">5499.02</td> </tr> </table>	5499.02																			
5499.02																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY DENVER TECH CENTER	<b>Transaction ID:</b> SB21B.113184 <b>Date of Disbursement</b>																				
Mailing Address 7800 East Tufts Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City State Zip Code Denver CO 80237	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/WA/Delegates/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">8227.80</td> </tr> </table>	8227.80																			
8227.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**23726.82**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 377 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) HYATT REGENCY DENVER TECH CENTER	<b>Transaction ID:</b> SB21B.113185 <b>Date of Disbursement</b>																				
Mailing Address 7800 East Tufts Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Denver State CO Zip Code 80237	Amount of Each Disbursement this Period																				
Purpose of Disbursement Hotel/OR/Delegates/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">2285.50</td> </tr> </table>	2285.50																			
2285.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) INTERNAL REVENUE SERVICE	<b>Transaction ID:</b> SB21B.112728 <b>Date of Disbursement</b>																				
Mailing Address NO STREET ADDRESS	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Kansas City State MO Zip Code 64999-0202	Amount of Each Disbursement this Period																				
Purpose of Disbursement Income Tax Expense Candidate Name	<table border="1"> <tr> <td colspan="10">56.83</td> </tr> </table>	56.83																			
56.83																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BRAULIO TORRES JIMENEZ	<b>Transaction ID:</b> SB21B.112700 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 2386	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	8												
City San German State PR Zip Code 00683-0000	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">597.80</td> </tr> </table>	597.80																			
597.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

2940.13

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

600.00

210.00

125.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 379 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) PATRICK J. KEHOE Mailing Address 3455 S. 83rd Street	<b>Transaction ID:</b> SB21B.112908 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Milwaukee State WI Zip Code 53219 Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) PATRICK J. KEHOE Mailing Address 3455 S. 83rd Street City Milwaukee State WI Zip Code 53219 Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.112909 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) PATRICK J. KEHOE Mailing Address 3455 S. 83rd Street City Milwaukee State WI Zip Code 53219 Purpose of Disbursement Mileage/WI/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.113129 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>400.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**735.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 380 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

LYNN KLEIN

Mailing Address 5210 Zelzh #216

City  
Encino

State  
CA

Zip Code  
91316

Purpose of Disbursement  
Per Diem/CA/Alternate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112911

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

LYNN KLEIN

Mailing Address 5210 Zelzh #216

City  
Encino

State  
CA

Zip Code  
91316

Purpose of Disbursement  
Per Diem/CA/Alternate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112912

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

MARCIA R. KNOX

Mailing Address 1660 Newton Avenue

City  
Dayton

State  
OH

Zip Code  
45406-4110

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112913

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

State:  District:

08 / 14 / 2008

State:  District:

State:  District:

FEC Schedule B ( Form 3X) (Revised 02/2003)

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

125.00

210.00

125.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 383 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ALBERT LEWIS

Mailing Address 41-567 Mekia Street

City  
Waimanalo

State  
HI

Zip Code  
96795

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112920

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

ALBERT LEWIS

Mailing Address 41-567 Mekia Street

City  
Waimanalo

State  
HI

Zip Code  
96795

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112921

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

CORDELIA LEWIS-BURKS

Mailing Address 2943 N. Kenwood Avenue

City  
Indianapolis

State  
IN

Zip Code  
46208

Purpose of Disbursement  
Per Diem/IN/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112922

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 384 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CORDELIA LEWIS-BURKS

Mailing Address 2943 N. Kenwood Avenue

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement  
Per Diem/IN/Delegate/DNC 2008

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112923

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

CORDELIA LEWIS-BURKS

Mailing Address 2943 N. Kenwood Avenue

City Indianapolis State IN Zip Code 46208

Purpose of Disbursement  
Hotel/IN/Delegate/DNC 2008

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113130

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	0	8

Amount of Each Disbursement this Period

1098.00

**C.**

Full Name (Last, First, Middle Initial)

STEVEN W. LIEBER

Mailing Address 4213 Bushnell Road

City University Hts. State OH Zip Code 44118

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112924

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

1433.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 385 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

STEVEN W. LIEBER

Mailing Address 4213 Bushnell Road

City State Zip Code  
University Hts. OH 44118Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112925

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

RICHARD P. LOEPER

Mailing Address 3423 Richard Street

City State Zip Code  
Madison WI 53714Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112926

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

RICHARD P. LOEPER

Mailing Address 3423 Richard Street

City State Zip Code  
Madison WI 53714Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112927

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

460.00

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 386 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MARTHA LOVE	<b>Transaction ID:</b> SB21B.112928 <b>Date of Disbursement</b>																				
Mailing Address 1846 West Cherry Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Milwaukee State WI Zip Code 53205	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARTHA LOVE	<b>Transaction ID:</b> SB21B.112929 <b>Date of Disbursement</b>																				
Mailing Address 1846 West Cherry Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Milwaukee State WI Zip Code 53205	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) SALVATORE LUCIANO	<b>Transaction ID:</b> SB21B.112736 <b>Date of Disbursement</b>																				
Mailing Address 444 East Main Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City New Britain State CT Zip Code 06051	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/CT/Delegate/DNC 2008	<table border="1"> <tr> <td>600.00</td> </tr> </table>	600.00																			
600.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 387 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) SALVATORE LUCIANO Mailing Address 444 East Main Street	<b>Transaction ID:</b> SB21B.112727 <b>Date of Disbursement</b> <div> <div>08</div> <div>19</div> <div>2008</div> </div>
City New Britain State CT Zip Code 06051 Purpose of Disbursement Airfare/CT/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>439.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MAGNOLIA HOTELS Mailing Address 818 17th Street City Denver State CO Zip Code 80202 Purpose of Disbursement Hotel/WV/Delegates/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.113186 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>3428.25</div>
<b>C.</b> Full Name (Last, First, Middle Initial) LOUIS J. MAHOLIC Mailing Address 2726 Juno Place Apt. #2 City Fairlawn State OH Zip Code 44333 Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.112930 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>210.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4077.25**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 388 / 456

<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 &amp; MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

LOUIS J. MAHOLIC

Transaction ID: SB21B.112931

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Mailing Address 2726 Juno Place  
Apt. #2

Amount of Each Disbursement this Period

City Fairlawn State OH Zip Code 44333

125.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

LOUIS J. MAHOLIC

Transaction ID: SB21B.113131

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	8

Mailing Address 2726 Juno Place  
Apt. #2

Amount of Each Disbursement this Period

City Fairlawn State OH Zip Code 44333

646.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Airfare/OH/Delegate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

Transaction ID: SB21B.112932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	0	8

Mailing Address 988 Circle On The Green

Amount of Each Disbursement this Period

City Columbus State OH Zip Code 43235

210.00									
--------	--	--	--	--	--	--	--	--	--

Purpose of Disbursement  
Per Diem/OH/Page/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ►

981.00

TOTAL This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 389 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

KATHRYN S. MALONE

Mailing Address 988 Circle On The Green

City  
Columbus

State  
OH

Zip Code  
43235

Purpose of Disbursement  
Per Diem/OH/Page/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112933

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

RONALD L. MALONE

Mailing Address 988 Circle On The Green

City  
Columbus

State  
OH

Zip Code  
43235

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112934

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

RONALD L. MALONE

Mailing Address 988 Circle On The Green

City  
Columbus

State  
OH

Zip Code  
43235

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112935

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 390 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

LINDA MANNING

Mailing Address 7106 Moberely Place

City Huber Heights State OH Zip Code 45424

Purpose of Disbursement  
Airfare/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113133

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

229.38

B.

Full Name (Last, First, Middle Initial)

LINDA MANNING

Mailing Address 7106 Moberely Place

City Huber Heights State OH Zip Code 45424

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113134

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

LINDA MANNING

Mailing Address 7106 Moberely Place

City Huber Heights State OH Zip Code 45424

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113135

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

564.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 391 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) LINDA MANNING	<b>Transaction ID:</b> SB21B.113136 <b>Date of Disbursement</b>
Mailing Address 7106 Moberely Place	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 6 / 2 0 0 8</div> </div>
City Huber Heights State OH Zip Code 45424	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Hotel/OH/Delegate/DNC 2008 Candidate Name	<div> <div>1600.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MYRIAM MARQUEZ	<b>Transaction ID:</b> SB21B.112937 <b>Date of Disbursement</b>
Mailing Address 7116 277th Place NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Stanwood State WA Zip Code 98292	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/WA/Alternate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MYRIAM MARQUEZ	<b>Transaction ID:</b> SB21B.112938 <b>Date of Disbursement</b>
Mailing Address 7116 277th Place NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Stanwood State WA Zip Code 98292	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/WA/Alternate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1935.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

MYRIAM MARQUEZ

Mailing Address 7116 277th Place NW

City  
Stanwood

State  
WA

Zip Code  
98292

Purpose of Disbursement  
Airfare/W A/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113137

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

378.00

B.

Full Name (Last, First, Middle Initial)

MARRIOTT DENVER SOUTH

Mailing Address 10345 Park Meadows Drive

City  
Littleton

State  
CO

Zip Code  
80124

Purpose of Disbursement  
Hotel/AR-DE-HI/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113187

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

8938.80

C.

Full Name (Last, First, Middle Initial)

MARRIOTT DENVER TECH CENTER

Mailing Address 4900 S. Syracuse Street

City  
Denver

State  
CO

Zip Code  
80237

Purpose of Disbursement  
Hotel/CT-NJ-PA-TN/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113188

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

17170.40

SUBTOTAL of Disbursements This Page (optional) ▶

26487.20

TOTAL This Period (last page this line number only) ▶



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS & RESORTS

Mailing Address 1701 California Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Hotel/WI/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113189

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

19225.80

**B.**

Full Name (Last, First, Middle Initial)

MARRIOTT HOTELS & RESORTS

Mailing Address 1701 California Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Hotel/IL/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113190

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

3204.30

**C.**

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City State Zip Code  
Pataskala OH 43701

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112939

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional) .....

22640.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 394 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City  
Pataskala

State  
OH

Zip Code  
43701

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112940

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

GARY V. MARTIN

Mailing Address 255 Trail East

City  
Pataskala

State  
OH

Zip Code  
43701

Purpose of Disbursement  
Mileage/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113138

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

400.00

C.

Full Name (Last, First, Middle Initial)

PAULA MARTINEZ

Mailing Address P.O. Box 447

City  
Carlisle

State  
IA

Zip Code  
50047

Purpose of Disbursement  
Per Diem/IA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112942

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

735.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

PAULA MARTINEZ

Mailing Address P.O. Box 447

City  
Carlisle

State  
IA

Zip Code  
50047

Purpose of Disbursement  
Per Diem/IA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112943

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

PAULA MARTINEZ

Mailing Address P.O. Box 447

City  
Carlisle

State  
IA

Zip Code  
50047

Purpose of Disbursement  
Airfare/IA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113139

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

514.00

C.

Full Name (Last, First, Middle Initial)

DEBORAH MCNEIL

Mailing Address 3551 Oakleaf Drive

City  
West Bloomfield

State  
MI

Zip Code  
48324

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112945

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

849.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

DEBORAH MCNEIL

Mailing Address 3551 Oakleaf Drive

City State Zip Code  
West Bloomfield MI 48324

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112946

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

LUELLA MCQUEEN

Mailing Address 6918 Cartier Circle

City State Zip Code  
Jacksonville FL 32208

Purpose of Disbursement  
Airfare/FL/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112329

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

373.25

C.

Full Name (Last, First, Middle Initial)

LUELLA MCQUEEN

Mailing Address 6918 Cartier Circle

City State Zip Code  
Jacksonville FL 32208

Purpose of Disbursement  
Per Diem/FL/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112947

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

708.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 397 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) LUELLA MCQUEEN	<b>Transaction ID:</b> SB21B.112948 <b>Date of Disbursement</b>																				
Mailing Address 6918 Cartier Circle	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Jacksonville State FL Zip Code 32208	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/FL/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
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) ▼																				
Category/Type: 002																					
<b>B.</b> Full Name (Last, First, Middle Initial) KIM MEDINA	<b>Transaction ID:</b> SB21B.112950 <b>Date of Disbursement</b>																				
Mailing Address 100 Debs Place Apt 14A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Bronx State NY Zip Code 10475	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
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) ▼																				
Category/Type: 002																					
<b>C.</b> Full Name (Last, First, Middle Initial) KIM MEDINA	<b>Transaction ID:</b> SB21B.112951 <b>Date of Disbursement</b>																				
Mailing Address 100 Debs Place Apt 14A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Bronx State NY Zip Code 10475	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
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) ▼																				
Category/Type: 002																					

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 398 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

TERRY MELVIN

Mailing Address 3250 Brookfield

City  
Brookfield

State  
NY

Zip Code  
14075

Purpose of Disbursement  
Per Diem/NY/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112953

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

TERRY MELVIN

Mailing Address 3250 Brookfield

City  
Brookfield

State  
NY

Zip Code  
14075

Purpose of Disbursement  
Per Diem/NY/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112954

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

GLEN MIDDLETON

Mailing Address 1410 Bush Street  
Suite A

City  
Baltimore

State  
MD

Zip Code  
21230

Purpose of Disbursement  
Per Diem/MD/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112737

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

935.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 399 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ANNA E. MONTALVO

Mailing Address 103 Dorman Drive

City  
Naugatuck

State  
CT

Zip Code  
06770

Purpose of Disbursement  
Per Diem/CT/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112955

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

ANNA E. MONTALVO

Mailing Address 103 Dorman Drive

City  
Naugatuck

State  
CT

Zip Code  
06770

Purpose of Disbursement  
Per Diem/CT/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112956

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

ANNA E. MONTALVO

Mailing Address 103 Dorman Drive

City  
Naugatuck

State  
CT

Zip Code  
06770

Purpose of Disbursement  
Airfare/CT/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112722

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

439.00

SUBTOTAL of Disbursements This Page (optional) .....

774.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 400 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

VERONICA MONTGOMERY-COSTA

Mailing Address 202 Wycham Court

City  
Slingerlands

State  
NY

Zip Code  
12159

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112696

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

600.00

**B.**

Full Name (Last, First, Middle Initial)

PATRICIA A. MOSS

Mailing Address 9583 Duncan Plains Road

City  
Johnstown

State  
OH

Zip Code  
43031-9305

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112959

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**C.**

Full Name (Last, First, Middle Initial)

PATRICIA A. MOSS

Mailing Address 9583 Duncan Plains Road

City  
Johnstown

State  
OH

Zip Code  
43031-9305

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112960

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 401 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) PATRICIA A. MOSS	<b>Transaction ID:</b> SB21B.113140 <b>Date of Disbursement</b>																				
Mailing Address 9583 Duncan Plains Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Johnstown State OH Zip Code 43031-9305	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">289.99</td> </tr> </table>	289.99																			
289.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) EULA MURRAY	<b>Transaction ID:</b> SB21B.112962 <b>Date of Disbursement</b>																				
Mailing Address 5142 Brush St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Detroit State MI Zip Code 48202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) EULA MURRAY	<b>Transaction ID:</b> SB21B.112963 <b>Date of Disbursement</b>																				
Mailing Address 5142 Brush St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Detroit State MI Zip Code 48202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**624.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 402 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) DAYTON M NAKANELUA Mailing Address 47-647 Hui Kelu St.	<b>Transaction ID:</b> SB21B.112964 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Kaneohe State HI Zip Code 96744 Purpose of Disbursement Per Diem/HI/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) DAYTON M NAKANELUA Mailing Address 47-647 Hui Kelu St.	<b>Transaction ID:</b> SB21B.112965 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Kaneohe State HI Zip Code 96744 Purpose of Disbursement Per Diem/HI/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) HENRY NICHOLAS Mailing Address 1919 Locust Street	<b>Transaction ID:</b> SB21B.112698 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Philadelphia State PA Zip Code 19107 Purpose of Disbursement Per Diem/PA/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>600.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**935.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 403 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

HENRY NICHOLAS

Mailing Address 1919 Locust Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
Airfare&Hotel/PA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112723

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

2471.28

B.

Full Name (Last, First, Middle Initial)

MONICA R. O'NEAL

Mailing Address 5878 Cypress Circle

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement  
Per Diem/FL/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112967

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

MONICA R. O'NEAL

Mailing Address 5878 Cypress Circle

City Tallahassee State FL Zip Code 32303

Purpose of Disbursement  
Per Diem/FL/Alternate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112968

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

2806.28

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

316.00

210.00

125.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 405 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) EDITH OWENS	<b>Transaction ID:</b> SB21B.113142 <b>Date of Disbursement</b>																				
Mailing Address 1925 NW 179th Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City State Zip Code Miami Gardens FL 33056 Purpose of Disbursement Airfare/FL/Alternate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">247.99</div>																				
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) ▼	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> Category/ Type																				
<b>B.</b> Full Name (Last, First, Middle Initial) EDDIE L. PARKS	<b>Transaction ID:</b> SB21B.112701 <b>Date of Disbursement</b>																				
Mailing Address 7176 Nightshade Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City State Zip Code Westerville OH 43082 Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">600.00</div>																				
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) ▼	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> Category/ Type																				
<b>C.</b> Full Name (Last, First, Middle Initial) LINDA PATRICK	<b>Transaction ID:</b> SB21B.113145 <b>Date of Disbursement</b>																				
Mailing Address 167 Book Hallow Drive SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City State Zip Code Cleveland TN 37323 Purpose of Disbursement Airfare/TN/Delegate/DNC 2008 Candidate Name	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">389.00</div>																				
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) ▼	<div style="border: 1px solid black; padding: 2px; display: inline-block;">002</div> Category/ Type																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1236.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 406 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) LINDA PATRICK	<b>Transaction ID:</b> SB21B.113146 <b>Date of Disbursement</b>																				
Mailing Address 167 Book Hallow Drive SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Cleveland State TN Zip Code 37323	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LINDA PATRICK	<b>Transaction ID:</b> SB21B.113147 <b>Date of Disbursement</b>																				
Mailing Address 167 Book Hallow Drive SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Cleveland State TN Zip Code 37323	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/TN/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) LINDA PATRICK	<b>Transaction ID:</b> SB21B.113144 <b>Date of Disbursement</b>																				
Mailing Address 167 Book Hallow Drive SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	7		2	0	0	8												
City Cleveland State TN Zip Code 37323	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/TN/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1531.34</td> </tr> </table>	1531.34																			
1531.34																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1866.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 407 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City  
Sacramento

State  
CA

Zip Code  
95864

Purpose of Disbursement  
Per Diem/CA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112974

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

WILLIE L. PELOTE

Mailing Address 351 Ross Way

City  
Sacramento

State  
CA

Zip Code  
95864

Purpose of Disbursement  
Per Diem/CA/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112975

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

DUSTY E. PERDUE

Mailing Address 43 Pepperbush Lane

City  
Fairmont

State  
WV

Zip Code  
26554

Purpose of Disbursement  
Per Diem/WV/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112977

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

210.00

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 408 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) DUSTY E. PERDUE	<b>Transaction ID:</b> SB21B.112978 <b>Date of Disbursement</b>																				
Mailing Address 43 Pepperbush Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	0		2	0	0	8												
City Fairmont State WV Zip Code 26554	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WV/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) RONNIE PETERSON	<b>Transaction ID:</b> SB21B.112980 <b>Date of Disbursement</b>																				
Mailing Address 1146 Rue Willette Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Ypsilanti State MI Zip Code 48197	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) RONNIE PETERSON	<b>Transaction ID:</b> SB21B.112981 <b>Date of Disbursement</b>																				
Mailing Address 1146 Rue Willette Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Ypsilanti State MI Zip Code 48197	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 409 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>RONNIE PETERSON</b>	<b>Transaction ID:</b> SB21B.113148 <b>Date of Disbursement</b>																				
Mailing Address 1146 Rue Willette Blvd	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	5		2	0	0	8												
City Ypsilanti State MI Zip Code 48197	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">514.99</td> </tr> </table>	514.99																			
514.99																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SYLVIA E. PHILIPPE</b>	<b>Transaction ID:</b> SB21B.112265 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 20478	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	1		2	0	0	8												
City New York State NY Zip Code 10001-0008	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">347.00</td> </tr> </table>	347.00																			
347.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SYLVIA E. PHILIPPE</b>	<b>Transaction ID:</b> SB21B.112982 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 20478	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City New York State NY Zip Code 10001-0008	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1071.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 410 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

SYLVIA E. PHILIPPE

Mailing Address P. O. Box 20478

City  
New York

State  
NY

Zip Code  
10001-0008

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112983

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

RICHARD PORT

Mailing Address 1600 Ala Moana Blvd.  
#310

City  
Honolulu

State  
HI

Zip Code  
96815

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112984

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

RICHARD PORT

Mailing Address 1600 Ala Moana Blvd.  
#310

City  
Honolulu

State  
HI

Zip Code  
96815

Purpose of Disbursement  
Per Diem/HI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.112985

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 411 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>RICHARD PORT</b>	<b>Transaction ID:</b> SB21B.113149 <b>Date of Disbursement</b>																				
Mailing Address 1600 Ala Moana Blvd. #310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Honolulu State HI Zip Code 96815	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/HI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">880.86</td> </tr> </table>	880.86																			
880.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SALLY A. POWLESS</b>	<b>Transaction ID:</b> SB21B.112986 <b>Date of Disbursement</b>																				
Mailing Address 2410 Westbrook Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Toledo State OH Zip Code 43613-3921	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>SALLY A. POWLESS</b>	<b>Transaction ID:</b> SB21B.112987 <b>Date of Disbursement</b>																				
Mailing Address 2410 Westbrook Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Toledo State OH Zip Code 43613-3921	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**1215.86**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 412 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) MICHELLE RAE-MICHALEC	<b>Transaction ID:</b> SB21B.112989 <b>Date of Disbursement</b>
Mailing Address 1507 Yuma Drive, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Cedar Rapids State IA Zip Code 52405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/IA/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) MICHELLE RAE-MICHALEC	<b>Transaction ID:</b> SB21B.112990 <b>Date of Disbursement</b>
Mailing Address 1507 Yuma Drive, NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 0 / 2 0 0 8</div> </div>
City Cedar Rapids State IA Zip Code 52405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/IA/Delegate/DNC 2008 Candidate Name	<div> <div>125.00</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) MICHELLE RAY-MICHALEC	<b>Transaction ID:</b> SB21B.113151 <b>Date of Disbursement</b>
Mailing Address 1507 Yuma Drive NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Cedar Rapids State IA Zip Code 52405	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Mileage/IA/Delegate/DNC 2008 Candidate Name	<div> <div>811.03</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1146.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 413 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) RED LION HOTEL DENVER CENTRAL	<b>Transaction ID:</b> SB21B.113195 <b>Date of Disbursement</b>																				
Mailing Address 4040 Quebec Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Denver State CO Zip Code 80216	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Hotel/FL/Delegates/DNC 2008	<table border="1"> <tr> <td>6</td><td>1</td><td>6</td><td>7</td><td>.</td><td>4</td><td>0</td> </tr> </table>	6	1	6	7	.	4	0													
6	1	6	7	.	4	0															
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KRISTINE REEVES	<b>Transaction ID:</b> SB21B.112992 <b>Date of Disbursement</b>																				
Mailing Address 1412 W 9th Ave., #2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Spokane State WA Zip Code 99204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008	<table border="1"> <tr> <td>2</td><td>1</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	1	0	.	0	0														
2	1	0	.	0	0																
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KRISTINE REEVES	<b>Transaction ID:</b> SB21B.112993 <b>Date of Disbursement</b>																				
Mailing Address 1412 W 9th Ave., #2	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Spokane State WA Zip Code 99204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008	<table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	2	5	.	0	0														
1	2	5	.	0	0																
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**6502.40**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 414 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.** Full Name (Last, First, Middle Initial)  
RENAISSANCE BOULDER SUITES AT FLATIRON

Mailing Address 500 Flatiron Boulevard

City Broomfield State CO Zip Code 80021

Purpose of Disbursement  
Hotel/MI/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113193

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

11439.45

**B.** Full Name (Last, First, Middle Initial)  
RENAISSANCE BOULDER SUITES AT FLATIRON

Mailing Address 500 Flatiron Boulevard

City Broomfield State CO Zip Code 80021

Purpose of Disbursement  
Hotel/MI/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113194

Date of Disbursement

08 / 27 / 2008

Amount of Each Disbursement this Period

729.35

**C.** Full Name (Last, First, Middle Initial)  
RENAISSANCE DENVER HOTEL

Mailing Address 3801 Quebec Street

City Denver State CO Zip Code 80207

Purpose of Disbursement  
Hotel/MD/Delegates/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113191

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

5030.40

**SUBTOTAL** of Disbursements This Page (optional) .....

17199.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 415 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE, Sr.

Mailing Address 1644 Spaulding Road

City  
Dayton

State  
OH

Zip Code  
45432

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112994

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

THOMAS J. RITCHIE, Sr.

Mailing Address 1644 Spaulding Road

City  
Dayton

State  
OH

Zip Code  
45432

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112995

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

LILLIAN ROBERTS

Mailing Address 2375 Broadway  
 #921

City  
New York

State  
NY

Zip Code  
10024

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112996

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 416 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

LILLIAN ROBERTS

Mailing Address 2375 Broadway  
#921

City State Zip Code  
New York NY 10024

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112997

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

SARA ROGERS

Mailing Address 4243 S. Austin Street

City State Zip Code  
Milwaukee WI 53207

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113153

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

150.00

C.

Full Name (Last, First, Middle Initial)

SARA ROGERS

Mailing Address 4243 S. Austin Street

City State Zip Code  
Milwaukee WI 53207

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113154

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

400.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 417 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

JACKIE ROWE-ADAMS

Transaction ID: SB21B.112998

Date of Disbursement

08 / 18 / 2008

Mailing Address 870 Riverside Drive  
#5A

City New York State NY Zip Code 10032

Amount of Each Disbursement this Period

210.00

Purpose of Disbursement  
Per Diem/NY/Alternate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

JACKIE ROWE-ADAMS

Transaction ID: SB21B.112999

Date of Disbursement

08 / 18 / 2008

Mailing Address 870 Riverside Drive  
#5A

City New York State NY Zip Code 10032

Amount of Each Disbursement this Period

125.00

Purpose of Disbursement  
Per Diem/NY/Alternate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

VEDA RUGOLA

Transaction ID: SB21B.113000

Date of Disbursement

08 / 18 / 2008

Mailing Address 4771 Powderhorn Lane

City Westerville State OH Zip Code 43081

Amount of Each Disbursement this Period

210.00

Purpose of Disbursement  
Per Diem/OH/Page/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 418 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) VEDA RUGOLA	<b>Transaction ID:</b> SB21B.113001 <b>Date of Disbursement</b>																				
Mailing Address 4771 Powderhorn Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Westerville State OH Zip Code 43081	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Page/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VEDA RUGOLA	<b>Transaction ID:</b> SB21B.112719 <b>Date of Disbursement</b>																				
Mailing Address 4771 Powderhorn Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	9		2	0	0	8												
City Westerville State OH Zip Code 43081	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/OH/Page/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">509.58</td> </tr> </table>	509.58																			
509.58																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) WILLIAM SAMS	<b>Transaction ID:</b> SB21B.113002 <b>Date of Disbursement</b>																				
Mailing Address 34 Main Street Apt. A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City The Plains State OH Zip Code 45780	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**844.58**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 419 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

WILLIAM SAMS

Transaction ID: SB21B.113003

Date of Disbursement

08 / 18 / 2008

Mailing Address 34 Main Street  
Apt. A

City The Plains State OH Zip Code 45780

Amount of Each Disbursement this Period

125.00

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

WILLIAM SAMS

Transaction ID: SB21B.113155

Date of Disbursement

08 / 25 / 2008

Mailing Address 34 Main Street  
Apt. A

City The Plains State OH Zip Code 45780

Amount of Each Disbursement this Period

557.39

Purpose of Disbursement  
Airfare/OH/Delegate/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

CATHERINE SCOTT

Transaction ID: SB21B.113004

Date of Disbursement

08 / 18 / 2008

Mailing Address 1005 Chandler Street

City Philadelphia State PA Zip Code 19111

Amount of Each Disbursement this Period

210.00

Purpose of Disbursement  
Per Diem/PA/Delegates/DNC 2008

002

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

892.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 420 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

CATHERINE SCOTT

Mailing Address 1005 Chandler Street

City Philadelphia State PA Zip Code 19111

Purpose of Disbursement  
Per Diem/PA/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113005

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

NORMA JEAN SCURRY

Mailing Address 516 Elk Street

City Franklin State PA Zip Code 16323

Purpose of Disbursement  
Per Diem/PA/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113007

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

NORMA JEAN SCURRY

Mailing Address 516 Elk Street

City Franklin State PA Zip Code 16323

Purpose of Disbursement  
Per Diem/PA/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113008

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 421 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

SHERATON DENVER HOTEL

Mailing Address 1550 Court Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Hotel/CA/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112240

Date of Disbursement

08 / 14 / 2008

Amount of Each Disbursement this Period

22357.30

B.

Full Name (Last, First, Middle Initial)

SHERATON DENVER HOTEL

Mailing Address 1550 Court Street

City State Zip Code  
Denver CO 80202

Purpose of Disbursement  
Hotel/CA/Delegates/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113196

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

12800.00

C.

Full Name (Last, First, Middle Initial)

ROBERTA J. SKOK

Mailing Address 775 Township Road  
#2204

City State Zip Code  
Perrysville OH 44864

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113009

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

35367.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 422 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ROBERTA J. SKOK

Mailing Address 775 Township Road  
#2204

City Perrysville State OH Zip Code 44864

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113010

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113011

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

BETTY SMITH

Mailing Address 600 West Lafayette  
Suite 500

City Detroit State MI Zip Code 48226

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113012

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 423 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) LINDSLEY SMITH	<b>Transaction ID:</b> SB21B.113013 <b>Date of Disbursement</b>																				
Mailing Address 340 N. Rollston Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Fayetteville State AR Zip Code 72701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/AR/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) LINDSLEY SMITH	<b>Transaction ID:</b> SB21B.113014 <b>Date of Disbursement</b>																				
Mailing Address 340 N. Rollston Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Fayetteville State AR Zip Code 72701	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/AR/Delegate/DNC 2008	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ZACHARY SMITH	<b>Transaction ID:</b> SB21B.113016 <b>Date of Disbursement</b>																				
Mailing Address 3505 26th Avenue NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Olympia State WA Zip Code 98506	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 425 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SAMANTHA STAAB</b>	<b>Transaction ID:</b> SB21B.113020 <b>Date of Disbursement</b>																				
Mailing Address 1223 Park Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Espyville State PA Zip Code 16424	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/PA/Alternate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>SAMANTHA STAAB</b>	<b>Transaction ID:</b> SB21B.113157 <b>Date of Disbursement</b>																				
Mailing Address 1223 Park Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Espyville State PA Zip Code 16424	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/PA/Alternate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">272.00</td> </tr> </table>	272.00																			
272.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MANUEL STEELE</b>	<b>Transaction ID:</b> SB21B.113022 <b>Date of Disbursement</b>																				
Mailing Address 187 Downs St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Kingston State NY Zip Code 12401	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**607.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 426 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) MANUEL STEELE	<b>Transaction ID:</b> SB21B.113023 <b>Date of Disbursement</b>																				
Mailing Address 187 Downs St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Kingston State NY Zip Code 12401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) VIVIAN STOVALL	<b>Transaction ID:</b> SB21B.113024 <b>Date of Disbursement</b>																				
Mailing Address 4600 w 9th Avenue #304	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Denver State CO Zip Code 80204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) VIVIAN STOVALL	<b>Transaction ID:</b> SB21B.113025 <b>Date of Disbursement</b>																				
Mailing Address 4600 w 9th Avenue #304	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Denver State CO Zip Code 80204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/CO/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 427 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) VIVIAN STOVALL	<b>Transaction ID:</b> SB21B.113158 <b>Date of Disbursement</b>																				
Mailing Address 4600 w 9th Avenue #304	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period																				
Purpose of Disbursement Airfare/CO/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">1544.75</td> </tr> </table>	1544.75																			
1544.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) MARIE STRAZAR	<b>Transaction ID:</b> SB21B.113026 <b>Date of Disbursement</b>																				
Mailing Address 36 Hualilili Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Hilo State HI Zip Code 96720	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/HI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) MARIE STRAZAR	<b>Transaction ID:</b> SB21B.113027 <b>Date of Disbursement</b>																				
Mailing Address 36 Hualilili Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Hilo State HI Zip Code 96720	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/HI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1879.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 428 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

MARIE STRAZAR

Mailing Address 36 Hualilili Street

City  
Hilo

State  
HI

Zip Code  
96720

Purpose of Disbursement  
Airfare/HI/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113159

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

1022.10

B.

Full Name (Last, First, Middle Initial)

MARIE STRAZAR

Mailing Address 36 Hualilili Street

City  
Hilo

State  
HI

Zip Code  
96720

Purpose of Disbursement  
Airfare/HI/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113160

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

203.00

C.

Full Name (Last, First, Middle Initial)

MARY SULLIVAN

Mailing Address 61 Woodside Drive

City  
Albany

State  
NY

Zip Code  
12208-1157

Purpose of Disbursement  
Per Diem/NY/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.112738

Date of Disbursement

08 / 15 / 2008

Amount of Each Disbursement this Period

600.00

SUBTOTAL of Disbursements This Page (optional) .....

1825.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 429 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) TIM SULLIVAN Mailing Address 424 S Main Street	<b>Transaction ID:</b> SB21B.112273 <b>Date of Disbursement</b> <div> <div>08</div> <div>11</div> <div>2008</div> </div>
City Verona State WI Zip Code 53593 Purpose of Disbursement Airfare/WI/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>530.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) TIM SULLIVAN Mailing Address 424 S Main Street City Verona State WI Zip Code 53593 Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.113028 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) TIM SULLIVAN Mailing Address 424 S Main Street City Verona State WI Zip Code 53593 Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.113029 <b>Date of Disbursement</b> <div> <div>08</div> <div>18</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**865.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) ANNA SUTTON	<b>Transaction ID:</b> SB21B.113030 <b>Date of Disbursement</b>
Mailing Address 928 Beechwood Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City Plainfield State NJ Zip Code 07061	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/NJ/Delegate/DNC 2008 Candidate Name	<div> <div>210.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ANNA SUTTON	<b>Transaction ID:</b> SB21B.113161 <b>Date of Disbursement</b>
Mailing Address 928 Beechwood Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Plainfield State NJ Zip Code 07061	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Hotel/NJ/Delegate/DNC 2008 Candidate Name	<div> <div>1088.25</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) ANNA SUTTON	<b>Transaction ID:</b> SB21B.113162 <b>Date of Disbursement</b>
Mailing Address 928 Beechwood Court	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Plainfield State NJ Zip Code 07061	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Per Diem/NJ/Delegate/DNC 2008 Candidate Name	<div> <div>125.00</div> <div>002</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1423.25**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 432 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

PEGGY TANKSLEY

Mailing Address 2661 Kohl Drive NE

City New Philadelphia State OH Zip Code 43228

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113033

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

PEGGY TANKSLEY

Mailing Address 2661 Kohl Drive NE

City New Philadelphia State OH Zip Code 43228

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113034

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

NATALIE TENNANT

Mailing Address 849 Maple Road

City Charleston State WV Zip Code 25302

Purpose of Disbursement  
Per Diem/WV/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113036

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input 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

<b>A.</b> Full Name (Last, First, Middle Initial) NATALIE TENNANT Mailing Address 849 Maple Road	<b>Transaction ID:</b> SB21B.113037 <b>Date of Disbursement</b> <div> <div>08</div> <div>20</div> <div>2008</div> </div>
City Charleston State WV Zip Code 25302 Purpose of Disbursement Per Diem/WV/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) NATALIE TENNANT Mailing Address 849 Maple Road City Charleston State WV Zip Code 25302 Purpose of Disbursement Airfare/WV/Delegate/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.113164 <b>Date of Disbursement</b> <div> <div>08</div> <div>26</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>939.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) THE CURTIS HOTEL Mailing Address 1405 Curtis Street City Denver State CO Zip Code 80202 Purpose of Disbursement Hotel/OH/Delegates/DNC 2008 Candidate Name <div> <div>002</div> <div>Category/Type</div> </div> <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.113197 <b>Date of Disbursement</b> <div> <div>08</div> <div>25</div> <div>2008</div> </div> <b>Amount of Each Disbursement this Period</b> <div>33600.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**34664.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 434 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) BETTY A. THOMAS	<b>Transaction ID:</b> SB21B.113038 <b>Date of Disbursement</b>																				
Mailing Address 5841 Spring Run Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Columbus State OH Zip Code 43229	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BETTY A. THOMAS	<b>Transaction ID:</b> SB21B.113039 <b>Date of Disbursement</b>																				
Mailing Address 5841 Spring Run Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Columbus State OH Zip Code 43229	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) ROBERT L. THOMPSON	<b>Transaction ID:</b> SB21B.113040 <b>Date of Disbursement</b>																				
Mailing Address 927 Gibbs Avenue, NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Canton State OH Zip Code 44705-1074	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/OH/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 435 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ROBERT L. THOMPSON

Mailing Address 927 Gibbs Avenue, NE

City Canton State OH Zip Code 44705-1074

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113041

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

JILL THORNE

Mailing Address 2380 Valley View Drive

City West Linn State OR Zip Code 97068

Purpose of Disbursement  
Per Diem/OR/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113043

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

JILL THORNE

Mailing Address 2380 Valley View Drive

City West Linn State OR Zip Code 97068

Purpose of Disbursement  
Per Diem/OR/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113044

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 436 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

JILL THORNE

Mailing Address 2380 Valley View Drive

City  
West Linn

State  
OR

Zip Code  
97068

Purpose of Disbursement  
Airfare/OR/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113165

Date of Disbursement

08 / 25 / 2008

Amount of Each Disbursement this Period

287.39

B.

Full Name (Last, First, Middle Initial)

NORMA TORRES

Mailing Address 501 Brookside Lane

City  
Pomona

State  
CA

Zip Code  
91767

Purpose of Disbursement  
Per Diem/CA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113048

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

NORMA TORRES

Mailing Address 501 Brookside Lane

City  
Pomona

State  
CA

Zip Code  
91767

Purpose of Disbursement  
Per Diem/CA/Delegate/DNC 2008

Candidate Name

002

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113049

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

622.39

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 437 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>JAMES TREFEY</b>	<b>Transaction ID:</b> SB21B.113051 <b>Date of Disbursement</b>																				
Mailing Address 4610 Colby Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Everett State WA Zip Code 98203	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>JAMES TREFEY</b>	<b>Transaction ID:</b> SB21B.113052 <b>Date of Disbursement</b>																				
Mailing Address 4610 Colby Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Everett State WA Zip Code 98203	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/WA/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>FLORENCE TRIPI</b>	<b>Transaction ID:</b> SB21B.113054 <b>Date of Disbursement</b>																				
Mailing Address 135 Morrow	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Rochester State NY Zip Code 14616	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/NY/Alternate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**545.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 438 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) FLORENCE TRIPI	<b>Transaction ID:</b> SB21B.113055
Mailing Address 135 Morrow	Date of Disbursement
Mailing Address 135 Morrow	<div> <div>MM / DD / YY</div> <div>08 / 18 / 2008</div> </div>
City Rochester State NY Zip Code 14616	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/NY/Alternate/DNC 2008	<div>125.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRANCINE TURNER	<b>Transaction ID:</b> SB21B.113060
Mailing Address 1732 Coon Hill Road	Date of Disbursement
City Skaneateles State NY Zip Code 13152	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008	<div>210.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) FRANCINE TURNER	<b>Transaction ID:</b> SB21B.113061
Mailing Address 1732 Coon Hill Road	Date of Disbursement
City Skaneateles State NY Zip Code 13152	Amount of Each Disbursement this Period
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008	<div>125.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 439 / 456

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) MAF UDDIN Mailing Address 161-17 85th Avenue	<b>Transaction ID:</b> SB21B.113063 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div>
City State Zip Code Jamaica NY 11432 Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Amount of Each Disbursement this Period</b> <div>210.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) MAF UDDIN Mailing Address 161-17 85th Avenue City State Zip Code Jamaica NY 11432 Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.113064 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 8 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) MAF UDDIN Mailing Address 161-17 85th Avenue City State Zip Code Jamaica NY 11432 Purpose of Disbursement Airfare/NY/Delegate/DNC 2008 Candidate Name <div> <div>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</div> <div>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</div> <div>State: District:</div> </div>	<b>Transaction ID:</b> SB21B.113166 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div> <b>Amount of Each Disbursement this Period</b> <div>347.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**682.00**

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 441 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

ROMAN ULMAN

Mailing Address 1824 North 103rd Street

City State Zip Code  
Mesa AZ 85207

Purpose of Disbursement  
Per Diem/AZ/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113070

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

ROMAN ULMAN

Mailing Address 1824 North 103rd Street

City State Zip Code  
Mesa AZ 85207

Purpose of Disbursement  
Hotel/AZ/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113167

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

1145.00

C.

Full Name (Last, First, Middle Initial)

ROMAN ULMAN

Mailing Address 1824 North 103rd Street

City State Zip Code  
Mesa AZ 85207

Purpose of Disbursement  
Airfare/AZ/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:  
Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113168

Date of Disbursement

08 / 26 / 2008

Amount of Each Disbursement this Period

235.99

SUBTOTAL of Disbursements This Page (optional) .....

1505.99

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 442 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) KAREN VALENTINE	<b>Transaction ID:</b> SB21B.113071 <b>Date of Disbursement</b>																				
Mailing Address 296 Churchmans Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City New Caslte      State DE      Zip Code 19720	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/DE/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) KAREN VALENTINE	<b>Transaction ID:</b> SB21B.113072 <b>Date of Disbursement</b>																				
Mailing Address 296 Churchmans Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City New Caslte      State DE      Zip Code 19720	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/DE/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) TONY VANDERBLOEMEN	<b>Transaction ID:</b> SB21B.113073 <b>Date of Disbursement</b>																				
Mailing Address 2121 Newberry Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Green Bay      State WI      Zip Code 54302	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/WI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

545.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 443 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

TONY VANDERBLOEMEN

Mailing Address 2121 Newberry Ave.

City  
Green Bay

State  
WI

Zip Code  
54302

Purpose of Disbursement  
Per Diem/WI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113074

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)

BARBARA WARD

Mailing Address 13975 State Route 7

City  
Proctorville

State  
OH

Zip Code  
45669-9739

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113075

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

C.

Full Name (Last, First, Middle Initial)

BARBARA WARD

Mailing Address 13975 State Route 7

City  
Proctorville

State  
OH

Zip Code  
45669-9739

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.113076

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional) .....

460.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

469.28

210.00

125.00

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 445 / 456

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

RANDY WESTON

Mailing Address 6805 Oak Creek Dr

City  
Columbus

State  
OH

Zip Code  
43229

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113080

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

B.

Full Name (Last, First, Middle Initial)

RANDY WESTON

Mailing Address 6805 Oak Creek Dr

City  
Columbus

State  
OH

Zip Code  
43229

Purpose of Disbursement  
Per Diem/OH/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113081

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

125.00

C.

Full Name (Last, First, Middle Initial)

SAUNDRA WILLIAMS

Mailing Address 16218 Braile

City  
Detroit

State  
MI

Zip Code  
48219-4727

Purpose of Disbursement  
Per Diem/MI/Delegate/DNC 2008

Candidate Name

002  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB21B.113082

Date of Disbursement

08 / 18 / 2008

Amount of Each Disbursement this Period

210.00

SUBTOTAL of Disbursements This Page (optional) .....

545.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 446 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) <b>SAUNDRA WILLIAMS</b>	<b>Transaction ID:</b> SB21B.113083 <b>Date of Disbursement</b>																				
Mailing Address 16218 Braile	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Detroit State MI Zip Code 48219-4727	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/MI/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>WANDA WILLIAMS</b>	<b>Transaction ID:</b> SB21B.113084 <b>Date of Disbursement</b>																				
Mailing Address P. O. BOX 368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Highland State NY Zip Code 12528	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>WANDA WILLIAMS</b>	<b>Transaction ID:</b> SB21B.113085 <b>Date of Disbursement</b>																				
Mailing Address P. O. BOX 368	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Highland State NY Zip Code 12528	Amount of Each Disbursement this Period																				
Purpose of Disbursement Per Diem/NY/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**460.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 447 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) CHRISTINE WINICK	<b>Transaction ID:</b> SB21B.113087 <b>Date of Disbursement</b>																				
Mailing Address 520 S. Whitesboro St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Galesburg State IL Zip Code 61401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/IL/Delegate/DNC 2008	<table border="1"> <tr> <td>210.00</td> </tr> </table>	210.00																			
210.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CHRISTINE WINICK	<b>Transaction ID:</b> SB21B.113088 <b>Date of Disbursement</b>																				
Mailing Address 520 S. Whitesboro St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Galesburg State IL Zip Code 61401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/IL/Delegate/DNC 2008	<table border="1"> <tr> <td>125.00</td> </tr> </table>	125.00																			
125.00																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CHRISTINE WINICK	<b>Transaction ID:</b> SB21B.113170 <b>Date of Disbursement</b>																				
Mailing Address 520 S. Whitesboro St.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	6		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	6		2	0	0	8												
City Galesburg State IL Zip Code 61401	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Airfare/IL/Delegate/DNC 2008	<table border="1"> <tr> <td>424.98</td> </tr> </table>	424.98																			
424.98																					
Candidate Name	<table border="1"> <tr> <td>002</td> </tr> </table> Category/ Type	002																			
002																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

759.98

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 448 / 456

<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

<b>A.</b> Full Name (Last, First, Middle Initial) JEANETTE WYNN	<b>Transaction ID:</b> SB21B.112739 <b>Date of Disbursement</b>																				
Mailing Address 1642 W. MLK Blvd.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	5		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	5		2	0	0	8												
City Quincy State FL Zip Code 32351	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/FL/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">600.00</td> </tr> </table>	600.00																			
600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) CARIDAD SANCHEZ ZAVALA	<b>Transaction ID:</b> SB21B.113090 <b>Date of Disbursement</b>																				
Mailing Address Urb. Villas de Candelero #132	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Humacao State PR Zip Code 07091-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">210.00</td> </tr> </table>	210.00																			
210.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) CARIDAD SANCHEZ ZAVALA	<b>Transaction ID:</b> SB21B.113091 <b>Date of Disbursement</b>																				
Mailing Address Urb. Villas de Candelero #132	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		1	8		2	0	0	8												
City Humacao State PR Zip Code 07091-0000	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Per Diem/PR/Delegate/DNC 2008 Candidate Name	<table border="1"> <tr> <td colspan="10">125.00</td> </tr> </table>	125.00																			
125.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

935.00

**TOTAL** This Period (last page this line number only) .....

289714.07



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 449 / 456

☐ 21b ☒ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.112322 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 4 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	Amount of Each Disbursement this Period <div>30000.00</div>
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) ▼	<div>008</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.112760 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 5 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	Amount of Each Disbursement this Period <div>100000.00</div>
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) ▼	<div>008</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) AFSCME PEOPLE- Non Federal Account	<b>Transaction ID:</b> SB22.112761 <b>Date of Disbursement</b>
Mailing Address 1625 L Street NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 2 7 / 2 0 0 8</div> </div>
City Washington State DC Zip Code 20036 Purpose of Disbursement Tfr non-fed acct for non-fed activity Candidate Name	Amount of Each Disbursement this Period <div>200000.00</div>
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) ▼	<div>008</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**330000.00**

**TOTAL** This Period (last page this line number only) .....

**330000.00**

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 450 / 456

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

<b>A.</b> Full Name (Last, First, Middle Initial) ALASKA DEMOCRATIC PARTY FEDERAL ACCOUNT	<b>Transaction ID:</b> SB23.112718 <b>Date of Disbursement</b>
Mailing Address 2602 Fairbanks Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99503 Purpose of Disbursement Contribution-PAC Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) ALASKANS FOR BEGICH	<b>Transaction ID:</b> SB23.112714 <b>Date of Disbursement</b>
Mailing Address P. O. BOX 240287	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99524 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) BERKOWITZ FOR CONGRESS	<b>Transaction ID:</b> SB23.112715 <b>Date of Disbursement</b>
Mailing Address P. O. BOX 91365	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 9 / 2 0 0 8</div> </div>
City Anchorage State AK Zip Code 99509 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

CHELLIE PINGREE FOR CONGRESS

Mailing Address 537 Congress Street

City  
Portland

State  
ME

Zip Code  
04101

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: ME District: 01

Transaction ID: SB23.112716

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

COLORADO DEMOCRATIC PARTY-FED ACCT

Mailing Address 777 Santa Fe Drive

City  
Denver

State  
CO

Zip Code  
80204

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.112724

Date of Disbursement

08 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT CHRIS MURPHY

Mailing Address P. O. BOX 127

City  
Cheshire

State  
CT

Zip Code  
06410

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: SB23.112285

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) ▶

12500.00

**TOTAL** This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC PARTY OF NEW MEXICO- FED. ACCT.

Mailing Address 303 Massachusetts Ave.,NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: SB23.112276

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address P. O. BOX 190

City Mineola State NY Zip Code 11501

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: SB23.112289

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JIM HIMES FOR CONGRESS

Mailing Address 65 High Ridge Road

City Stamford State CT Zip Code 06905

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.112286

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

11000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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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)  
JOE GARCIA FOR CONGRESS

Mailing Address P. O. BOX 0595

City State Zip Code  
Miami FL 33196

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 25

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.112720

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
JUDY BAKER FOR CONGRESS 2008

Mailing Address 201 N. 10th Street,  
Suite 102

City State Zip Code  
Columbia MO 65201

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 09

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.112277

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
KUSHNER & ASSOCIATES

Mailing Address 3444 Cloudcroft Drive

City State Zip Code  
Malibu CA 90265

Purpose of Disbursement  
Contribution - In kind

Candidate Name  
SHEILA JACKSON-LEE

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 18

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: SB23.112707

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

567.00

**SUBTOTAL** of Disbursements This Page (optional) .....

10567.00

**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  
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)  
MADIA FOR U.S. CONGRESS

Mailing Address 10200 73rd Ave.,  
Suite 116

City State Zip Code  
Maple Grove MN 55369

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MN District: 03

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.112279

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)  
NATIONAL LEADERSHIP PAC

Mailing Address PO BOX 5577

City State Zip Code  
NEW YORK NY 10027

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.112281

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
POWERS FOR CONGRESS

Mailing Address P. O. BOX 46

City State Zip Code  
Buffalo NY 14231

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 26

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB23.112288

Date of Disbursement

08 / 11 / 2008

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY &amp; MUNICIPAL EMPLOYEES P E O P L E

**A.**

Full Name (Last, First, Middle Initial)

TIM MURPHY FOR CONGRESS

Mailing Address P.O. BOX 24551

City  
PittsburghState  
PAZip Code  
15234Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: SB23.112282

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Ave.

City  
NilesState  
OHZip Code  
44446Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.112287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	0	8

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

WESTIN ST. FRANCIS

Mailing Address 335 Powell Street

City  
San FranciscoState  
CAZip Code  
94102Purpose of Disbursement  
Contribution - In kindCandidate Name  
SHEILA JACKSON-LEE

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 18

Transaction ID: SB23.112710

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	0	8

Amount of Each Disbursement this Period

341.10

SUBTOTAL of Disbursements This Page (optional) .....

6341.10

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

A.

Full Name (Last, First, Middle Initial)

WOMEN'S CAMPAIGN FORUM

Mailing Address 734 15TH STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: SB23.112284

Date of Disbursement

MM / DD / YYYY  
08 / 11 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

72908.10