

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 PRINTExample: If typing, type
over the linesAMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E QUALIFI
ED

ADDRESS (number and street)

1625 L STREET NW

Check if different
than previously
reported. (ACC)

WASHINGTON

DC

20036

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00011114

3. IS THIS
REPORT

X

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)X 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

1 2

0 1

2 0 0 3

through

1 2

3 1

2 0 0 3

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

0 1

3 1

2 0 0 4

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
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(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

Report Covering the Period: From: 12 01 2003 To: 12 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2003		797262.74
(b) Cash on Hand at Beginning of Reporting Period	1366665.39	
(c) Total Receipts (from Line 19)	417807.28	4948735.06
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	1606672.67	5745997.80
7. Total Disbursements (from Line 31)	622282.73	4561607.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1164389.94	1164389.94
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	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. 02/2003)

Page 3

Write or Type Committee Name

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

Report Covering the Period: From: ^M12 ⁻01 ⁻2003 To: ^M12 ⁻31 ⁻2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	19564.08	
(ii) Unitemized	357988.29	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ►	377552.37	4417256.04
(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) ►	377552.37	4417256.04
12. Transfers From Affiliated/Other Party Committees	39847.99	523436.42
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	406.92	5542.60
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))	417807.28	4948735.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	417807.28	4948735.06

DETAILED SUMMARY PAGE
of Disbursements

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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.....	1450.87	1925684.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ►	1450.87	1925684.47
22. Transfers to Affiliated/Other Party Committees.....	1000.00	915429.81
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	156000.00	1221900.28
24. Independent Expenditure (use Schedule E).....	463494.50	496648.27
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	337.36	1945.03
(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))	337.36	1945.03
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))..	622282.73	4561607.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	622282.73	4561607.86

DETAILED SUMMARY PAGE
of Disbursements

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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)	377552.37	4417256.04
34. Total Contribution Refunds (from Line 28(d))	337.36	1945.03
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	377215.01	4415311.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1450.87	1925664.47
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1450.87	1925664.47

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 404

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. RICHARD ABELSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003
Mailing Address 4315 N. LAKE DRIVE		Transaction ID: SA11A1.35332
City SHOREWOOD	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WICN 48	Occupation EXECUTIVE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) B. RICHARD ABELSON		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003
Mailing Address 4315 N. LAKE DRIVE		Transaction ID: SA11A1.35333
City SHOREWOOD	State WI	Zip Code 53211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WICN 48	Occupation EXECUTIVE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) C. TRACEY ABMAN		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003
Mailing Address 3136 N. SEMINARY		Transaction ID: SA11A1.32740
City CHICAGO	State IL	Zip Code 60657
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 67.12
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF ORGANIZER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 872.58	

SUBTOTAL of Receipts This Page (optional) ►

107.12

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 / 404

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

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

A. Full Name (Last, First, Middle Initial) CHARLES T. AKAMA		Date of Receipt M / D / Y 12 / 10 / 2003	
Mailing Address C/O P. D. BOX 293D HI GOVT EMP ASSN		Transaction ID: SA11A1.35973	
City HONOLULU	State HI	Zip Code 96802	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME HI LOCAL 152	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) WANDA KAKI		Date of Receipt M / D / Y 12 / 10 / 2003	
Mailing Address 888 Millani Street, Suite 801		Transaction ID: SA11A1.35975	
City Honolulu	State HI	Zip Code 96813-2991	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer HGEAHI LOC 152	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) MUSILIU ADE ALAGBALA		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 5701 N. SHERIDAN, #10A		Transaction ID: SA11A1.32735	
City CHICAGO	State IL	Zip Code 60660	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		

SUBTOTAL of Receipts This Page (optional) ▶

92.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

Full Name (Last, First, Middle Initial) A. KENNETH L. ALLEN		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 7935 SW SANTOLINA PL.		Transaction ID: SA11A1.35987
City BEAVERTON	State OR	Zip Code 97008
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 56.00
Name of Employer AFSCME OR CN 75	Occupation EXECUTIVE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	
Full Name (Last, First, Middle Initial) B. MICHAEL ANDREJCO		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34914
City HARRISBURG	State PA	Zip Code 17111-1539
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68	
Full Name (Last, First, Middle Initial) C. DAVID ANTLE		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address R. R. #2 , BOX 2202		Transaction ID: SA11A1.34975
City MOSCOW	State PA	Zip Code 16844
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 136.74
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.08	

SUBTOTAL of Receipts This Page (optional) **250.96**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LOUISA ARCE Mailing Address 303 HAWTHORNE BLVD City State Zip Code DELAWARE OH 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 ▼ 876.54		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35425 Amount of Each Receipt this Period 73.58
B. Full Name (Last, First, Middle Initial) GARY W. ARNOLD, Sr. Mailing Address 19122 CARTER ROAD City State Zip Code GLOUSTER OH 45732 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 ▼ 585.60		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35426 Amount of Each Receipt this Period 48.36
C. Full Name (Last, First, Middle Initial) RICHARD G. BADGER II Mailing Address P.O. Box 2825 City State Zip Code Appleton WI 54912 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 368.28		Date of Receipt M M / D D / Y Y Y Y 12 01 2003 Transaction ID: SA11A1.35525 Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ▶ **161.94**

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, QUALIFI-
 ED

A. Full Name (Last, First, Middle Initial) RICHARD C. BADGER II		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address P.O. Box 2825		Transaction ID: SA11A1.35290	
City Appleton	State WI	Zip Code 54912	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 406.28		
B. Full Name (Last, First, Middle Initial) CATHLEEN BAILEY		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 1212 Jefferson Street, SE		Transaction ID: SA11A1.35293	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 46.28
FEC ID number of contributing federal political committee. C			
Name of Employer WSECU/WA CN 28	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 324.58		
C. Full Name (Last, First, Middle Initial) CATHLEEN BAILEY		Date of Receipt M / D / Y 12 / 29 / 2003	
Mailing Address 1212 Jefferson Street, SE		Transaction ID: SA11A1.35205	
City Olympia	State WA	Zip Code 98501	Amount of Each Receipt this Period 48.00
FEC ID number of contributing federal political committee. C			
Name of Employer WSECU/WA CN 28	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 372.58		

SUBTOTAL of Receipts This Page (optional) ▶

134.28

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial) CATHLEEN BAILEY			Date of Receipt M / D / Y 12 / 29 / 2003		
Mailing Address 1212 Jefferson Street, SE			Transaction ID: SA11A1.35213		
City	State	Zip Code	Amount of Each Receipt this Period		
Olympia	WA	98501	20.00		
FEC ID number of contributing federal political committee. C					
Name of Employer WSECU/WA CN 28		Occupation			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 392.56			
B. Full Name (Last, First, Middle Initial) CATHLEEN BAILEY			Date of Receipt M / D / Y 12 / 29 / 2003		
Mailing Address 1212 Jefferson Street, SE			Transaction ID: SA11A1.35231		
City	State	Zip Code	Amount of Each Receipt this Period		
Olympia	WA	98501	20.00		
FEC ID number of contributing federal political committee. C					
Name of Employer WSECU/WA CN 28		Occupation			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 412.58			
C. Full Name (Last, First, Middle Initial) BRENDA BARNER			Date of Receipt M / D / Y 12 / 17 / 2003		
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13			Transaction ID: SA11A1.34918		
City	State	Zip Code	Amount of Each Receipt this Period		
HARRISBURG	PA	17111-1599	51.75		
FEC ID number of contributing federal political committee. C					
Name of Employer AFC6ME PA CN 13		Occupation STAFF REPRESENTATIVE			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 485.75			

SUBTOTAL of Receipts This Page (optional) ▶

91.75

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MARIANNE BASESKI		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34976	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 47.95
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 ▼ 469.91		
B. Full Name (Last, First, Middle Initial) MICHAEL D. BAUER		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 414 COLGATE AVENUE		Transaction ID: SA11A1.35428	
City ELYRIA	State OH	Zip Code 44035	Amount of Each Receipt this Period 75.30
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 ▼ 821.70		
C. Full Name (Last, First, Middle Initial) HENRY BAYER		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 1507 W. CHASE STREET		Transaction ID: SA11A1.32720	
City CHICAGO	State IL	Zip Code 60628	Amount of Each Receipt this Period 95.84
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 ▼ 1245.92		

SUBTOTAL of Receipts This Page (optional) 219.09

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
13	14	15	16					

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NAME OF COMMITTEE (In Full)

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

A. KENT BEAUCHAMP Full Name (Last, First, Middle Initial) Mailing Address 2308 MARINERS POINT LANE City Springfield State IL Zip Code 62707 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 830.44			Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.32721 Amount of Each Receipt this Period 63.88
B. NEIL G. BEDNARCZYK Full Name (Last, First, Middle Initial) Mailing Address 7775 O'NEIL ROAD NE City KEIZER State OR Zip Code 97303 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 12 / 08 / 2003 Transaction ID: SA11A1.35352 Amount of Each Receipt this Period 30.00
C. MICHAEL BEGATTO Full Name (Last, First, Middle Initial) 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 ▼ 779.49			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003 Transaction ID: SA11A1.32894 Amount of Each Receipt this Period 64.74

SUBTOTAL of Receipts This Page (optional) 158.82

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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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, QUALIFI-
 ED

A. Full Name (Last, First, Middle Initial) MARTIN BEIL			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 10363 EAST HUDSON RD.			Transaction ID: SA11A1.35247	
City	State	Zip Code	Amount of Each Receipt this Period	
MAZOMANIE	WI	53560-9773	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 24		Occupation EXECUTIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00		
B. Full Name (Last, First, Middle Initial) MARTIN BEIL			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 10363 EAST HUDSON RD.			Transaction ID: SA11A1.35253	
City	State	Zip Code	Amount of Each Receipt this Period	
MAZOMANIE	WI	53560-9773	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 24		Occupation EXECUTIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00		
C. Full Name (Last, First, Middle Initial) MARTIN BEIL			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 10363 EAST HUDSON RD.			Transaction ID: SA11A1.35259	
City	State	Zip Code	Amount of Each Receipt this Period	
MAZOMANIE	WI	53560-9773	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 24		Occupation EXECUTIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00		

SUBTOTAL of Receipts This Page (optional) ▶

60.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. MARTIN BEIL		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003
Mailing Address 10383 EAST HUDSON RD.		Transaction ID: SA11A1.35264
City MAZOMANIE	State WI	Zip Code 53560-9773
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 24	Occupation EXECUTIVE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	
Full Name (Last, First, Middle Initial) B. JOSEPH BELLA		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003
Mailing Address 8824 N. SEELEY AVENUE		Transaction ID: SA11A1.32725
City CHICAGO	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 63.88
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.44	
Full Name (Last, First, Middle Initial) C. CHARLES BENN		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003
Mailing Address 5059A HAVERFORD ROAD		Transaction ID: SA11A1.34917
City HARRISBURG	State PA	Zip Code 17109
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.42
Name of Employer AFSCME PA CN 13	Occupation ASSISTANT DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1007.45	

SUBTOTAL of Receipts This Page (optional) **155.30**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) PETER J. BENNER		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 785D CAHILL AVENUE		Transaction ID: SA11A1.35089	
City INVER GROVE HGTS.	State MN	Zip Code 55076	Amount of Each Receipt this Period 73.30
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 6	Occupation EXECUTIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 718.35		
B. Full Name (Last, First, Middle Initial) PETER J. BENNER		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 785D CAHILL AVENUE		Transaction ID: SA11A1.35091	
City INVER GROVE HGTS.	State MN	Zip Code 55076	Amount of Each Receipt this Period 73.30
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 6	Occupation EXECUTIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 791.65		
C. Full Name (Last, First, Middle Initial) DAVID BIELSKI		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 1519 WOODLAND		Transaction ID: SA11A1.34980	
City FRANKLIN	State PA	Zip Code 16323	Amount of Each Receipt this Period 136.74
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1155.13		

SUBTOTAL of Receipts This Page (optional) ▶

283.34

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DEBORHA BINDAS Mailing Address 14 CHEYENNE DRIVE City State Zip Code GIRARD OH 44420 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 272.88		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35430 Amount of Each Receipt this Period 22.74
B. Full Name (Last, First, Middle Initial) KRISTA BISTLINE Mailing Address 534 E. JEFFREY PLACE City State Zip Code COLUMBUS OH 43214 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11 Occupation ASSOC. DIR. GOVT. AFFAIRS Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 312.00		Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35169 Amount of Each Receipt this Period 24.00
C. Full Name (Last, First, Middle Initial) KAREN BLACK Mailing Address 65 LUMBER STREET City State Zip Code HIGHSPIRE PA 17034 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation ASSISTANT DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 803.47		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34918 Amount of Each Receipt this Period 89.27

SUBTOTAL of Receipts This Page (optional) ▶ 136.01

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BARRY BOGARDE		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 4303 VERMONT COURT		Transaction ID: SA11A1.34919	
City HARRISBURG	State PA	Zip Code 17112	Amount of Each Receipt this Period 131.97
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation LEGISLATIVE DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1055.76		
B. Full Name (Last, First, Middle Initial) BARRY B BOLIN		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 110 DAILEY ROAD		Transaction ID: SA11A1.35432	
City ALBANY	State OH	Zip Code 45710-9430	Amount of Each Receipt this Period 75.30
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 ▼ 872.30		
C. Full Name (Last, First, Middle Initial) LORRAINE A. BORDEN		Date of Receipt M / D / Y 12 / 19 / 2003	
Mailing Address C/O P. O. BOX 2930 HI LOC 152		Transaction ID: SA11A1.35378	
City HONOLULU	State HI	Zip Code 96802	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME HI LOCAL 152	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

SUBTOTAL of Receipts This Page (optional) ▶

237.27

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. RONALD P. BOWDEN			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 11008 S. GREEN STREET			Transaction ID: SA11A1.33697	
City CHICAGO	State IL	Zip Code 60643	Amount of Each Receipt this Period 68.86	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 695.18		
Full Name (Last, First, Middle Initial) B. CAROL BOWSHIER			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 159 EAST MAIN STREET			Transaction ID: SA11A1.35170	
City MT. STERLING	State OH	Zip Code 43143	Amount of Each Receipt this Period 39.40	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH LOC 11		Occupation OPERATIONS DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 512.20		
Full Name (Last, First, Middle Initial) C. NORMA BRAIDIGAN			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address P. O. BOX 1, SOUTH 7TH STREET			Transaction ID: SA11A1.34971	
City WEST MILTON	State PA	Zip Code 17888	Amount of Each Receipt this Period 91.18	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1002.78		

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199.42

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NAME OF COMMITTEE (In Full)

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

A. WILLIAM BRENNER Full Name (Last, First, Middle Initial) Mailing Address 3901 SCHOOLHOUSE ROAD City DOVER State PA Zip Code 17315 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 ▼ 686.88			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.34993 Amount of Each Receipt this Period 58.22
B. JEROME BROWN Full Name (Last, First, Middle Initial) Mailing Address 8917 RIDGELAND AVENUE City HAMMOND State IN Zip Code 46324 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 677.30			Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.32728 Amount of Each Receipt this Period 52.10
C. BARBARA BRUMFIELD Full Name (Last, First, Middle Initial) Mailing Address 211 ST CLAIR DRIVE City FAIRVIEW HEIGHTS State IL Zip Code 62208 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00			Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.33898 Amount of Each Receipt this Period 50.00

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT L. BUCKINGHAM Mailing Address 413 1ST STREET NE City State Zip Code LITTLE FALLS MN 56345 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 6 Occupation BUSINESS REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35090 Amount of Each Receipt this Period 20.00
B. Full Name (Last, First, Middle Initial) ROBERT L. BUCKINGHAM Mailing Address 413 1ST STREET NE City State Zip Code LITTLE FALLS MN 56345 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 6 Occupation BUSINESS REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35092 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) MICHAEL BUESING Mailing Address 421B NANCY PLACE City State Zip Code SHOREVIEW MN 55128-6412 FEC ID number of contributing federal political committee. C Name of Employer MN CN 6 DEPT. OF TRANSPOR- TATION M1011 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 382.00		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35097 Amount of Each Receipt this Period 34.00

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74.00

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Shane A. Bungamer		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 2818 S. Walnut		Transaction ID: SA11A1.33721	
City Springfield	State IL	Zip Code 62704	Amount of Each Receipt this Period 32.92
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 431.94		
B. Full Name (Last, First, Middle Initial) HELEN BURGESS		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2003	
Mailing Address 1318 S. BRONOUGH		Transaction ID: SA11A1.32698	
City TALLAHASSEE	State FL	Zip Code 32317	Amount of Each Receipt this Period 32.08
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME FL CN 79	Occupation STAFF REPRESENTATIVE II		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.72		
C. Full Name (Last, First, Middle Initial) THOMAS BURKE		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 5159 COLUMBUS AVENUE SO.		Transaction ID: SA11A1.35100	
City MINNEAPOLIS	State MN	Zip Code 55417	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 259.58		

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MARY BURPEE		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003	
Mailing Address 809 W. WALWORTH STREET		Transaction ID: SA11A1.35533	
City ELKHORN	State WI	Zip Code 53121	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) MARY BURPEE		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003	
Mailing Address 809 W. WALWORTH STREET		Transaction ID: SA11A1.35293	
City ELKHORN	State WI	Zip Code 53121	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		
C. Full Name (Last, First, Middle Initial) JUDITH BUXTON		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 2401 N 2ND STREET		Transaction ID: SA11A1.34920	
City HARRISBURG	State PA	Zip Code 17110	Amount of Each Receipt this Period 131.97
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1033.78		

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ANGELA M. CALDWELL		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 3884 STIRLING COURT		Transaction ID: SA11A1.35433	
City CLEVELAND	State OH	Zip Code 44115-3091	Amount of Each Receipt this Period 55.08
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 ▼ 695.33		
B. Full Name (Last, First, Middle Initial) ROBERT CALVIN		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 45 CHURCH ROAD		Transaction ID: SA11A1.34961	
City MERCER	State PA	Zip Code 16137	Amount of Each Receipt this Period 87.33
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 800.61		
C. Full Name (Last, First, Middle Initial) JOHN CAMERON		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 6555 N. MAPLEWOOD		Transaction ID: SA11A1.33710	
City CHICAGO	State IL	Zip Code 60645	Amount of Each Receipt this Period 58.34
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR POL./COM. RELATIONS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 758.42		

SUBTOTAL of Receipts This Page (optional) ► 200.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. RICHARD CAPONI		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 4453 STILLEY ROAD		Transaction ID: SA11A1.34953
City PITTSBURGH	State PA	Zip Code 15227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 731.25	
Full Name (Last, First, Middle Initial) B. GINDA CARBENIA		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 1301 17TH STREET N. E.		Transaction ID: SA11A1.35434
City CANTON	State OH	Zip Code 44705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.36
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 611.68	
Full Name (Last, First, Middle Initial) C. MARK T. CARLSON		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 1915 YOULL STREET		Transaction ID: SA11A1.35435
City NILES	State OH	Zip Code 44440
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 55.08
Name of Employer AFSCME OH CN 8	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 658.17	

SUBTOTAL of Receipts This Page (optional) ► **168.44**

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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, QUALIFI-
ED

Full Name (Last, First, Middle Initial) A. LEROY CARTER		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 264B TOWNER ROAD		Transaction ID: SA11A1.35016
City ANN ARBOR,	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.11
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 515.11	
Full Name (Last, First, Middle Initial) B. LEROY CARTER		Date of Receipt M / D / Y 12 / 22 / 2003
Mailing Address 264B TOWNER ROAD		Transaction ID: SA11A1.35046
City ANN ARBOR,	State MI	Zip Code 48105
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 24.11
Name of Employer AFSCME MI CN 25	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 539.22	
Full Name (Last, First, Middle Initial) C. JAMES B. CASEY		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 2346 COLLINS ROAD		Transaction ID: SA11A1.34954
City PITTSBURGH	State PA	Zip Code 15235
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.18
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1002.78	

SUBTOTAL of Receipts This Page (optional) ► **139.38**

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. M. NICHELLE CHMIS		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address P. O. BOX 2924		Transaction ID: SA11A1.34999
City HARRISBURG	State PA	Zip Code 17105-2924
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.78
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 701.44	
Full Name (Last, First, Middle Initial) B. ANNA CHURCHILL		Date of Receipt M / D / Y 12 / 18 / 2003
Mailing Address 921 20th Avenue		Transaction ID: SA11A1.35382
City Honolulu	State HI	Zip Code 96816
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer HGEAHI LOC 152	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) C. ROBERT CHYBOWSKI		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address W34 S4D11 VIRGIN FOREST DRIVE		Transaction ID: SA11A1.35518
City DOUSMAN	State WI	Zip Code 53118
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME WI CN 40	Occupation ASSOCIATE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) 162.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT CHYBOWSKI		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address W34 S4D11 VIRGIN FOREST DRIVE		Transaction ID: SA11A1.35294	
City DEXSMAN	State WI	Zip Code 53118	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		
B. Full Name (Last, First, Middle Initial) LINDA CLARK		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 110 W. PENNSYLVANIA AVENUE		Transaction ID: SA11A1.34993	
City PEN ARGYL	State PA	Zip Code 18072	Amount of Each Receipt this Period 72.78
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 701.44		
C. Full Name (Last, First, Middle Initial) KATIE Y. CLAY		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 312 N. FRANCISCO 2ND FL		Transaction ID: SA11A1.33899	
City CHICAGO	State IL	Zip Code 60612	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		

SUBTOTAL of Receipts This Page (optional) 164.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LINCOLN COHEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 4500 E. 6TH STREET		Transaction ID: SA11A1.32737	
City GARY	State IN	Zip Code 46403	Amount of Each Receipt this Period 54.34
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation EDITOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 706.42		
B. Full Name (Last, First, Middle Initial) LORI R. COLLINS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 1763 NORTH CASSADY AVENUE		Transaction ID: SA11A1.35171	
City COLUMBUS	State OH	Zip Code 43213	Amount of Each Receipt this Period 22.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOCAL 11	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 253.00		
C. Full Name (Last, First, Middle Initial) DONALD W. CONLEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 2895 SCHAAF DRIVE		Transaction ID: SA11A1.35172	
City COLUMBUS	State OH	Zip Code 43209	Amount of Each Receipt this Period 44.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11	Occupation OPERATIONS DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 572.00		

SUBTOTAL of Receipts This Page (optional) ►

120.34

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. JANICE M. CONNIE		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 4076 SARA DRIVE APT 108		Transaction ID: SA11A1.35437
City UNIONTOWN	State OH	Zip Code 44685
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.36
Name of Employer AFSCME OH CN 8	Occupation FIELD ORGANIZER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 620.56	
Full Name (Last, First, Middle Initial) B. ROBERT COOPER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 931 S. WALNUT STREET		Transaction ID: SA11A1.34984
City WEST CHESTER	State PA	Zip Code 19380
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 91.16
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 885.45	
Full Name (Last, First, Middle Initial) C. JAN GORDERMAN		Date of Receipt M / D / Y 12 / 09 / 2003
Mailing Address 281 CHRISTIE LANE		Transaction ID: SA11A1.32700
City DES MOINES	State IA	Zip Code 50317
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.28
Name of Employer AFSCME IA CN 61	Occupation PRESIDENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 532.80	

SUBTOTAL of Receipts This Page (optional) **192.80**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DENNIS CORVIN-BLACKBURN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 3213 IVYTON DRIVE		Transaction ID: SA11A1.32734	
City SPRINGFIELD	State IL	Zip Code 62704	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		
B. Full Name (Last, First, Middle Initial) CHRISTOPHER COWEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3	
Mailing Address 47 DOUGLAS STREET		Transaction ID: SA11A1.35104	
City ST. PAUL	State MN	Zip Code 55102	Amount of Each Receipt this Period 55.04
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 657.69		
C. Full Name (Last, First, Middle Initial) DANNY CRAIG		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 18945 LITTLEFIELD		Transaction ID: SA11A1.35017	
City DETROIT	State MI	Zip Code 48235	Amount of Each Receipt this Period 24.11
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.17		

SUBTOTAL of Receipts This Page (optional) ►

131.25

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DANNY CRAIG		Date of Receipt M / D / Y 12 / 22 / 2003	
Mailing Address 18945 LITTLEFIELD		Transaction ID: SA11A1.35047	
City DETROIT	State MI	Zip Code 48235	Amount of Each Receipt this Period 24.11
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 409.28		
B. Full Name (Last, First, Middle Initial) DICK CROFTER		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 238 S. OAK PARK AVENUE #1F		Transaction ID: SA11A1.32954	
City OAK PARK	State IL	Zip Code 60302	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		
C. Full Name (Last, First, Middle Initial) STEVE CULLEN		Date of Receipt M / D / Y 12 / 04 / 2003	
Mailing Address C/O 29 N. WACKER DRIVE SUITE 800 ILLINOIS COUNCIL 31		Transaction ID: SA11A1.35014	
City CHICAGO	State IL	Zip Code 60609	Amount of Each Receipt this Period 31.31
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation RETIREE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 351.22		

SUBTOTAL of Receipts This Page (optional) ▶

107.52

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NAME OF COMMITTEE (In Full)

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

A. STEVE CULLEN Full Name (Last, First, Middle Initial) Mailing Address C/O 29 N. WACKER DRIVE SUITE 800 ILLINOIS COUNCIL 31 City CHICAGO State IL Zip Code 60606 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation RETIREE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 371.22		Date of Receipt M M / D D / Y Y Y Y 12 / 10 / 2003 Transaction ID: SA11A1.35383 Amount of Each Receipt this Period 20.00
B. JIM DAHLING Full Name (Last, First, Middle Initial) Mailing Address ROUTE 1 City BELLECHESTER State MN Zip Code 55027 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 65 Occupation REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003 Transaction ID: SA11A1.35388 Amount of Each Receipt this Period 30.00
C. JIM DAHLING Full Name (Last, First, Middle Initial) Mailing Address ROUTE 1 City BELLECHESTER State MN Zip Code 55027 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 65 Occupation REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003 Transaction ID: SA11A1.35121 Amount of Each Receipt this Period 30.00

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JEFFREY DAINS Mailing Address 1743 CARL STREET City State Zip Code ROSEVILLE MN 55113 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 14 Occupation BUSINESS REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 629.07		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35105 Amount of Each Receipt this Period 52.94
B. Full Name (Last, First, Middle Initial) WILLIAM DANDQ Mailing Address 863D HUNTINGDON STREET City State Zip Code HARRISBURG PA 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 ▼ 763.75		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34921 Amount of Each Receipt this Period 81.25
C. Full Name (Last, First, Middle Initial) ROBERT DAVIS Mailing Address 822 BOVEE LANE City State Zip Code POWELL OH 43085 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OHIO UNITED Occupation ASSOCIATE DIRECTOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 705.80		Date of Receipt M M / D D / Y Y Y Y 12 15 2003 Transaction ID: SA11A1.35190 Amount of Each Receipt this Period 64.62

SUBTOTAL of Receipts This Page (optional) 198.81

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT DAVIS			Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003	
Mailing Address 822 BOVEE LANE			Transaction ID: SA11A1.35197	
City	State	Zip Code	Amount of Each Receipt this Period	
POWELL	OH	43065	60.66	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OHIO UNITED		Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 766.46		
B. Full Name (Last, First, Middle Initial) ROSETTA DAYLIE			Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 975 E. 101ST STREET			Transaction ID: SA11A1.32712	
City	State	Zip Code	Amount of Each Receipt this Period	
CHICAGO	IL	60628	71.84	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 833.92		
C. Full Name (Last, First, Middle Initial) CHERYL DELL'AGLIO			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 4031 EXECUTIVE PARK DRIVE PA COUNCIL 13			Transaction ID: SA11A1.34977	
City	State	Zip Code	Amount of Each Receipt this Period	
HARRISBURG	PA	17111-1599	39.10	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 378.74		

SUBTOTAL of Receipts This Page (optional) ▶

171.80

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NAME OF COMMITTEE (In Full)

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

A. MICHAEL DELUKE Full Name (Last, First, Middle Initial) Mailing Address 325 S. DEPEYSTER STREET City KENT State OH Zip Code 44240 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 CITY OF KENT Receipt For: Primary General Other (specify) ▼ Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date ▼ 260.00		Date of Receipt M / D / Y 12 / 29 / 2003 Transaction ID: SA11A1.35202 Amount of Each Receipt this Period 20.00
B. DONNA DICKEY Full Name (Last, First, Middle Initial) Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA COUNCIL 13 City HARRISBURG State PA Zip Code 17111 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Receipt For: Primary General Other (specify) ▼ Occupation REPRESENTATIVE Aggregate Year-to-Date ▼ 345.48		Date of Receipt M / D / Y 12 / 17 / 2003 Transaction ID: SA11A1.34922 Amount of Each Receipt this Period 39.10
C. RACHEL DIETZ Full Name (Last, First, Middle Initial) Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13 City HARRISBURG State PA Zip Code 17111-1599 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Receipt For: Primary General Other (specify) ▼ Occupation STAFF REPRESENTATIVE Aggregate Year-to-Date ▼ 480.32		Date of Receipt M / D / Y 12 / 17 / 2003 Transaction ID: SA11A1.34923 Amount of Each Receipt this Period 67.13

SUBTOTAL of Receipts This Page (optional) 128.23

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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) LINDA DITTES			Date of Receipt M / D / Y 12 / 15 / 2003	
Mailing Address 1408 Saltair Avenue Apt #103			Transaction ID: SA11A1.32650	
City	State	Zip Code	Amount of Each Receipt this Period	
Los Angeles	CA	90025	40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME DISTRICT CN 57:OAK- LAND		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00		
B. Full Name (Last, First, Middle Initial) LORI DONALDSON			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 419 1/2 Grant Street			Transaction ID: SA11A1.34962	
City	State	Zip Code	Amount of Each Receipt this Period	
Franklin	PA	16323	33.93	
FEC ID number of contributing federal political committee. C				
Name of Employer PA CN 13:PAL AFSCME PEOPLE		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 298.19		
C. Full Name (Last, First, Middle Initial) MARY DONNELLY			Date of Receipt M / D / Y 12 / 29 / 2003	
Mailing Address 3817 AUTUMNWOOD COURT, S.E.			Transaction ID: SA11A1.35208	
City	State	Zip Code	Amount of Each Receipt this Period	
OLYMPIA	WA	98501	20.00	
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 ▼ 208.00		

SUBTOTAL of Receipts This Page (optional) ▶

93.93

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. LAURA E. DRAKE		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3
Mailing Address 238 S. OAK PARK AVENUE		Transaction ID: SA11A1.33713
City OAK PARK	State IL	Zip Code 60302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.70
Name of Employer AFSCME IL CN 31	Occupation SENIOR ORGANIZER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 633.10	
Full Name (Last, First, Middle Initial) B. ALBERT DRANTZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3
Mailing Address 814D N. LAKEWOOD		Transaction ID: SA11A1.33700
City CHICAGO	State IL	Zip Code 60660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.20
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 574.60	
Full Name (Last, First, Middle Initial) C. RICHARD DURHAM		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3
Mailing Address 401 W. BANCROFT AVENUE		Transaction ID: SA11A1.35094
City FERGUS FALLS	State MN	Zip Code 56537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME MN CN 6	Occupation BUSINESS AGENT	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional) 112.90

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

A. Full Name (Last, First, Middle Initial) RITA DURING			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 1160 E. ROSE			Transaction ID: SA11A1.35106	
City	State	Zip Code	Amount of Each Receipt this Period	
ST. PAUL	MN	55106	59.56	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MN CN 14		Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 711.69		
B. Full Name (Last, First, Middle Initial) WILLIAM EAST			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 1114 W. NORWEGIAN STREET			Transaction ID: SA11A1.34994	
City	State	Zip Code	Amount of Each Receipt this Period	
POTTSVILLE	PA	17901	87.33	
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 ▼ 772.53		
C. Full Name (Last, First, Middle Initial) THOMAS EDSTROM			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 4106 N. SACRAMENTO			Transaction ID: SA11A1.32704	
City	State	Zip Code	Amount of Each Receipt this Period	
CHICAGO	IL	60618	61.02	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation LEGAL COUNSEL		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 793.26		

SUBTOTAL of Receipts This Page (optional) ▶

207.91

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DAGMAR ERNST		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34924	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 67.13
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 469.91		
B. Full Name (Last, First, Middle Initial) KURT ERRICKSON		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 224 NO. SMITH AVENUE #12		Transaction ID: SA11A1.35107	
City ST. PAUL	State MN	Zip Code 55102	Amount of Each Receipt this Period 52.94
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS MANAGER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 632.58		
C. Full Name (Last, First, Middle Initial) FLORENCE ESTES		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 432B N. HERMITAGE AVENUE #1-W		Transaction ID: SA11A1.33715	
City CHICAGO	State IL	Zip Code 60613	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 670.18		

SUBTOTAL of Receipts This Page (optional) ▶

172.17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. JESSE M. EVANS, JR.		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 264D SOUTH THIRD STREET		Transaction ID: SA11A1.34925
City STEELTON	State PA	Zip Code 17113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 131.97
Name of Employer AFCSME PA CN 13	Occupation BUSINESS MANAGER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1055.76	
Full Name (Last, First, Middle Initial) B. JOHN EWART III		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 303 HALLMARK HOUSE		Transaction ID: SA11A1.34927
City HERSHEY	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 71.42
Name of Employer AFCSME PA CN 13	Occupation ASSISTANT DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 785.62	
Full Name (Last, First, Middle Initial) C. GATHRYN FELLINGER		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 1282 OAKFIELD DR., N		Transaction ID: SA11A1.35173
City COLUMBUS	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.08
Name of Employer AFSCME OH LOC 11	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 495.04	

SUBTOTAL of Receipts This Page (optional) ▶

241.47

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. JASPER FERRARO		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 710 JOHN STREET		Transaction ID: SA11A1.32707
City ROCKFORD	State IL	Zip Code 61103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 53.66
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 697.58	
Full Name (Last, First, Middle Initial) B. DAVE FILLMAN		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 2520 HELEN STREET		Transaction ID: SA11A1.34928
City HATBORO	State PA	Zip Code 19040
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 169.74
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1348.92	
Full Name (Last, First, Middle Initial) C. DENNIS P. FLEMING		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 449 ST. MARY DRIVE		Transaction ID: SA11A1.32724
City EDWARDSVILLE	State IL	Zip Code 62025
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.28
Name of Employer AFSCME IL CN 31	Occupation MEMBERSHIP COORDINATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 592.12	

SUBTOTAL of Receipts This Page (optional) **269.68**

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. WILLIAM F. FOGLE		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 1777 BUCKLEW DRIVE		Transaction ID: SA11A1.35442	
City TOLEDO	State OH	Zip Code 43613	Amount of Each Receipt this Period 55.08
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 ▼ 711.25		
Full Name (Last, First, Middle Initial) B. MICHAEL FOX		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 3818 SHEFFIELD LANE		Transaction ID: SA11A1.34995	
City HARRISBURG	State PA	Zip Code 17110	Amount of Each Receipt this Period 136.74
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.08		
Full Name (Last, First, Middle Initial) C. BRIAN FUITEN		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 445 MAYFAIR DRIVE		Transaction ID: SA11A1.32727	
City LINCOLN	State IL	Zip Code 62654	Amount of Each Receipt this Period 54.34
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DATA PROCESSING SPECIALIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 708.42		

SUBTOTAL of Receipts This Page (optional) 246.15

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) CAROL GAINER			Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003	
Mailing Address N23432 MCCABE LANE			Transaction ID: SA11A1.35285	
City	State	Zip Code	Amount of Each Receipt this Period	
ETTRICK	WI	54627-8817	12.50	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 24		Occupation FIELD REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 212.50		
B. Full Name (Last, First, Middle Initial) ALBERT GARRETT			Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address 18491 LAUDER			Transaction ID: SA11A1.35018	
City	State	Zip Code	Amount of Each Receipt this Period	
DETROIT	MI	48235	53.50	
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 ▼ 1070.98		
C. Full Name (Last, First, Middle Initial) ALBERT GARRETT			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003	
Mailing Address 18491 LAUDER			Transaction ID: SA11A1.35048	
City	State	Zip Code	Amount of Each Receipt this Period	
DETROIT	MI	48235	53.50	
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 ▼ 1124.48		

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. DAVID GASH		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 226 HARTLEY ROAD		Transaction ID: SA11A1.35000
City HERSHEY	State PA	Zip Code 17033
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 686.88	
Full Name (Last, First, Middle Initial) B. THOMAS GIBBS		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address C/O 180 PATCHWAY ROAD PA CN B3		Transaction ID: SA11A1.34945
City DUNCANSVILLE	State PA	Zip Code 16835-8431
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.38
Name of Employer AFSCME PA CN 83	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 499.18	
Full Name (Last, First, Middle Initial) C. LEE W. GIERKE		Date of Receipt M / D / Y 12 / 01 / 2003
Mailing Address 8033 Excelsior Drive #B		Transaction ID: SA11A1.35527
City Madison	State WI	Zip Code 53717-1503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LEE W. GIERKE			Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address 8033 Excelsior Drive #B			Transaction ID: SA11A1.35297	
City	State	Zip Code	Amount of Each Receipt this Period	
Madison	WI	53717-1803	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00		
B. Full Name (Last, First, Middle Initial) MARK GOLDEN			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 74 ICE POND ROAD			Transaction ID: SA11A1.34985	
City	State	Zip Code	Amount of Each Receipt this Period	
LEVITTOWN	PA	19057	58.22	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 688.88		
C. Full Name (Last, First, Middle Initial) MARY GOULDING			Date of Receipt M / D / Y 12 / 01 / 2003	
Mailing Address C/O 8033 EXCELSIOR DRIVE SUITE B WI COUNCIL 40			Transaction ID: SA11A1.35539	
City	State	Zip Code	Amount of Each Receipt this Period	
MADISON	WI	53717-1503	40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

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118.22

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NAME OF COMMITTEE (In Full)

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

A. MARY GOULDING Full Name (Last, First, Middle Initial) Mailing Address C/O 8033 EXCELSIOR DRIVE SUITE B WI COUNCIL 40 City MADISON State WI Zip Code 53717-1803 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40 Occupation REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M / D / Y 12 / 23 / 2003 Transaction ID: SA11A1.35322 Amount of Each Receipt this Period 40.00
B. THOMAS G GRANGER JR. Full Name (Last, First, Middle Initial) 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 MISSOURI/KANSAS CN 72 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 277.34		Date of Receipt M / D / Y 12 / 08 / 2003 Transaction ID: SA11A1.35138 Amount of Each Receipt this Period 19.81
C. R. SEAN GRAYSON Full Name (Last, First, Middle Initial) Mailing Address 102D1 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 GENERAL COUNSEL Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1094.81		Date of Receipt M / D / Y 12 / 08 / 2003 Transaction ID: SA11A1.35443 Amount of Each Receipt this Period 91.66

SUBTOTAL of Receipts This Page (optional) ▶

151.47

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROGER GRIFFITH		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 5 OAKWOOD LANE		Transaction ID: SA11A1.33695	
City AUBURN	State IL	Zip Code 62615	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		
B. Full Name (Last, First, Middle Initial) DANIEL GROVE		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 131 Scanlon Drive		Transaction ID: SA11A1.34963	
City Franklin	State PA	Zip Code 16323	Amount of Each Receipt this Period 34.64
FEC ID number of contributing federal political committee. C			
Name of Employer PA CN 13/PAL AFSCME PEOPLE	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 297.17		
C. Full Name (Last, First, Middle Initial) JOSEPH GUZYNSKI		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address C/O 1034 NORTH WASHINGTON AVENUE		Transaction ID: SA11A1.35020	
City LANSING	State MI	Zip Code 48508	Amount of Each Receipt this Period 21.00
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 ▼ 363.35		

SUBTOTAL of Receipts This Page (optional) **107.74**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JOSEPH GUZYNSKI		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address C/O 1034 NORTH WASHINGTON AVENUE		Transaction ID: SA11A1.35050	
City LANSING	State MI	Zip Code 48806	Amount of Each Receipt this Period 21.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME full CN 25		Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 384.35	
B. Full Name (Last, First, Middle Initial) Jon A. Geyne		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 2052 Sherwood Lake Drive		Transaction ID: SA11A1.33720	
City Schereville	State IN	Zip Code 46375	Amount of Each Receipt this Period 38.90
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31		Occupation	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 505.70	
C. Full Name (Last, First, Middle Initial) KARL HACKER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 805B CTH G		Transaction ID: SA11A1.35249	
City VERONA	State WI	Zip Code 53563-6731	Amount of Each Receipt this Period 15.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WICN 24		Occupation ASSISTANT DIRECTOR	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) 74.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) KARL HACKER			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 805B CTH G			Transaction ID: SA11A1.35255	
City	State	Zip Code	Amount of Each Receipt this Period	
VERONA	WI	53593-8731	15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WICN 24		Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00		
B. Full Name (Last, First, Middle Initial) KARL HACKER			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 805B CTH G			Transaction ID: SA11A1.35261	
City	State	Zip Code	Amount of Each Receipt this Period	
VERONA	WI	53593-8731	15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WICN 24		Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
C. Full Name (Last, First, Middle Initial) KARL HACKER			Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 805B CTH G			Transaction ID: SA11A1.35266	
City	State	Zip Code	Amount of Each Receipt this Period	
VERONA	WI	53593-8731	15.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WICN 24		Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 255.00		

SUBTOTAL of Receipts This Page (optional) ▶

45.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) HERNANDO HARGE			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 12400 SAYWELL AVENUE			Transaction ID: SA11A1.35444	
City	State	Zip Code	Amount of Each Receipt this Period	
CLEVELAND	OH	44108	45.38	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH CN 8		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 486.00		
B. Full Name (Last, First, Middle Initial) WILLIAM HARPER			Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address 5073 ROHNS			Transaction ID: SA11A1.35021	
City	State	Zip Code	Amount of Each Receipt this Period	
DETROIT	MI	48213	26.52	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 588.63		
C. Full Name (Last, First, Middle Initial) WILLIAM HARPER			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003	
Mailing Address 5073 ROHNS			Transaction ID: SA11A1.35051	
City	State	Zip Code	Amount of Each Receipt this Period	
DETROIT	MI	48213	26.52	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 593.15		

SUBTOTAL of Receipts This Page (optional) **98.42**

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ALFRED HARRIS		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 19313 QUAIL COURT		Transaction ID: SA11A1.32711	
City ELWOOD	State IL	Zip Code 60421	Amount of Each Receipt this Period 56.66
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 721.08		
B. Full Name (Last, First, Middle Initial) RAYMOND HARRIS		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 3912 GLADYS AVENUE		Transaction ID: SA11A1.32726	
City BELLWOOD	State IL	Zip Code 60104	Amount of Each Receipt this Period 56.66
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR INT GOVERNMENT RELATIONS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 734.27		
C. Full Name (Last, First, Middle Initial) STEVE HARTMANN		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003	
Mailing Address P.O. Box 844		Transaction ID: SA11A1.35548	
City Nebinbue	State WI	Zip Code 54751-0544	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional) 123.32

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) STEVE HARTMANN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address P.O. Box 944		Transaction ID: SA11A1.35299	
City Nebinibus	State WI	Zip Code 54751-0844	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) FRED L. HARTSEL		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3	
Mailing Address 518 23RD STREET NW		Transaction ID: SA11A1.35445	
City CANTON	State OH	Zip Code 44708	Amount of Each Receipt this Period 55.08
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 ▼ 657.77		
C. Full Name (Last, First, Middle Initial) SHANA HARVALA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 1815 SOUTHWOOD DRIVE		Transaction ID: SA11A1.35022	
City ISHPEMING	State MI	Zip Code 49849	Amount of Each Receipt this Period 24.11
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 ▼ 515.11		

SUBTOTAL of Receipts This Page (optional) ►

89.19

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SCHEDULE A (FEC Form 3X)
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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) SHANA HARVALA		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 1815 SOUTHWOOD DRIVE		Transaction ID: SA11A1.35052	
City ISHPEMING	State MI	Zip Code 49849	Amount of Each Receipt this Period 24.11
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 ▼ 539.22		
B. Full Name (Last, First, Middle Initial) ELIZABETH HASTINGS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 5225 N. RIVERS EDGE TERR., #204		Transaction ID: SA11A1.32733	
City CHICAGO	State IL	Zip Code 60630	Amount of Each Receipt this Period 52.10
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30		
C. Full Name (Last, First, Middle Initial) JIMMY HEARNS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 18508 MENDOTA		Transaction ID: SA11A1.35023	
City DETROIT	State MI	Zip Code 48221	Amount of Each Receipt this Period 24.11
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 ▼ 515.11		

SUBTOTAL of Receipts This Page (optional) 100.32

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JIMMY HEARNS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 18509 MENDOTA		Transaction ID: SA11A1.35053	
City DETROIT	State MI	Zip Code 48221	Amount of Each Receipt this Period 24.11
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME full CN 25	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 539.22		
B. Full Name (Last, First, Middle Initial) JUDITH HEH		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3	
Mailing Address 408 ORRS BRIDGE ROAD		Transaction ID: SA11A1.35001	
City CAMP HILL	State PA	Zip Code 17011	Amount of Each Receipt this Period 136.74
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1185.08		
C. Full Name (Last, First, Middle Initial) PHILIP W. HELMS		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 4108 MENTON		Transaction ID: SA11A1.35024	
City ELINT	State MI	Zip Code 48507	Amount of Each Receipt this Period 46.04
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 ▼ 963.67		

SUBTOTAL of Receipts This Page (optional) 206.89

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) PHILIP W. HELMS Mailing Address 410B MENTON City State Zip Code FLINT MI 48507 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EDITOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1029.71		Date of Receipt M M / D D / Y Y Y Y 12 22 2003 Transaction ID: SA11A1.35054 Amount of Each Receipt this Period 46.04
B. Full Name (Last, First, Middle Initial) SIDNEY L. HELSETH Mailing Address 8554 CRAIG AVENUE City State Zip Code INVER GROVE HGTS. MN 55076 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 6 Occupation BUSINESS REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 220.00		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35055 Amount of Each Receipt this Period 20.00
C. Full Name (Last, First, Middle Initial) J DAVID HENDERSON Mailing Address 20405 SPRING VALLEY ROAD City State Zip Code PITTSBURGH PA 15243 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 567.13		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34955 Amount of Each Receipt this Period 54.73

SUBTOTAL of Receipts This Page (optional) ▶

120.77

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LEROY W. HERD		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 2221 Bruce Road		Transaction ID: SA11A1.35446	
City Delaware	State OH	Zip Code 43015	Amount of Each Receipt this Period 53.30
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 ▼ 631.09		
B. Full Name (Last, First, Middle Initial) BEV HERMANSON		Date of Receipt M / D / Y 12 / 28 / 2003	
Mailing Address 8836 DENA COURT S.E.		Transaction ID: SA11A1.35210	
City OLYMPIA	State WA	Zip Code 98501	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation DIRECTOR OF POLITICAL ACTION		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		
C. Full Name (Last, First, Middle Initial) JAMES HIGGS		Date of Receipt M / D / Y 12 / 15 / 2003	
Mailing Address 211 CINNABAR		Transaction ID: SA11A1.32851	
City HERCULES	State CA	Zip Code 94547	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CA CN 57	Occupation FIELD STAFF		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

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98.30

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. MARGARET HOAK		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 805 LINCOLN AVENUE		Transaction ID: SA11A1.34964
City WARREN	State PA	Zip Code 16365
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.66	
Full Name (Last, First, Middle Initial) B. KARLA HODGE		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 1212 N. 14th Street		Transaction ID: SA11A1.35002
City Harrisburg	State PA	Zip Code 17103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 34.64
Name of Employer AFSCME PA CN 13	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 398.04	
Full Name (Last, First, Middle Initial) C. LON HOLSTON		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 3063 Aitken		Transaction ID: SA11A1.35362
City Metsford	State OR	Zip Code 97504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer	Occupation OR CN 75	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional) **132.86**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) GAYLE HOOKER		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 444 East Street		Transaction ID: SA11A1.32657	
City New Britain	State CT	Zip Code 06051	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CT CN 4	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		
B. Full Name (Last, First, Middle Initial) CARLA INSINGA-MINSER		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34986	
City HARRISBURG	State PA	Zip Code 17111-1539	Amount of Each Receipt this Period 51.80
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 ▼ 557.40		
C. Full Name (Last, First, Middle Initial) ANNE IRVING		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 5243 N. LIND AVENUE		Transaction ID: SA11A1.33893	
City CHICAGO	State IL	Zip Code 60630	Amount of Each Receipt this Period 54.34
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation DIRECTOR OF PUBLIC POLICY		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 708.42		

SUBTOTAL of Receipts This Page (optional) 148.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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, QUALIFI-
 ED

A. Full Name (Last, First, Middle Initial) LINDA JACKSON			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 207 Bridlewood Drive			Transaction ID: SA11A1.35109	
City	State	Zip Code	Amount of Each Receipt this Period	
St. Paul	MN	55119	52.94	
FEC ID number of contributing federal political committee. C				
Name of Employer MN CN 14 AFSCME		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 576.13		
B. Full Name (Last, First, Middle Initial) BARBARA JANIS			Date of Receipt M / D / Y 12 / 30 / 2003	
Mailing Address 8805 OAK CREEK DRIVE			Transaction ID: SA11A1.35201	
City	State	Zip Code	Amount of Each Receipt this Period	
Columbus	OH	43229	46.16	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME UNITED (OHIO)		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 230.80		
C. Full Name (Last, First, Middle Initial) MICHAEL D JEFFERSON			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 306 S. Parkside			Transaction ID: SA11A1.33722	
City	State	Zip Code	Amount of Each Receipt this Period	
Normal	IL	61761	40.98	
FEC ID number of contributing federal political committee. C				
Name of Employer IL CN 31		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 471.27		

SUBTOTAL of Receipts This Page (optional) ▶

140.08

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. CALEB JENNINGS		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003
Mailing Address 302 Cooper Avenue		Transaction ID: SA11A1.33712
City Elgin	State IL	Zip Code 60120
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 37.84
Name of Employer AFSCME IL CN 31	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 469.24	
Full Name (Last, First, Middle Initial) B. EMILY JOHNSON		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003
Mailing Address 444 DRIFTWOOD DRIVE		Transaction ID: SA11A1.33701
City HOBART	State IN	Zip Code 46342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 54.84
Name of Employer AFSCME IL CN 31	Occupation CONTRACT ADMINISTRATOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 712.92	
Full Name (Last, First, Middle Initial) C. BLONDIE JORDAN		Date of Receipt M M / D D / Y Y Y Y 12 / 04 / 2003
Mailing Address 7811 Bay Cedar Drive		Transaction ID: SA11A1.35015
City Orlando	State FL	Zip Code 32835
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.37
Name of Employer CN 79	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 484.47	

SUBTOTAL of Receipts This Page (optional) ► **143.05**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JANET KAIL		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 1034 COUNTRY CLUB ROAD		Transaction ID: SA11A1.34929	
City CAMP HILL	State PA	Zip Code 17011	Amount of Each Receipt this Period 131.97
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSE PA CN 13	Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1055.76		
B. Full Name (Last, First, Middle Initial) JASON KAY		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 29 N. Wacker Drive Suite 800		Transaction ID: SA11A1.33723	
City Chicago	State IL	Zip Code 60606	Amount of Each Receipt this Period 54.34
FEC ID number of contributing federal political committee. C			
Name of Employer IL CN 31	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 652.08		
C. Full Name (Last, First, Middle Initial) CHERYL KEELER		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 2781 CHATEAU CIRCLE		Transaction ID: SA11A1.35450	
City COLUMBUS	State OH	Zip Code 43221	Amount of Each Receipt this Period 75.30
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 ▼ 823.90		

SUBTOTAL of Receipts This Page (optional) ▶ **261.61**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DONALD KEELING		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003	
Mailing Address 1645 HOMEWOOD AVENUE		Transaction ID: SA11A1.32705	
City SPRINGFIELD	State IL	Zip Code 62704	Amount of Each Receipt this Period 57.90
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation COLLECTIVE BARGAINING ADMN.		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 752.70		
B. Full Name (Last, First, Middle Initial) JANET KELLER		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address RD 2, SWEDE HILL ROAD		Transaction ID: SA11A1.34930	
City RUSSELL	State PA	Zip Code 16345	Amount of Each Receipt this Period 84.83
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation STAFF SPECIALIST		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 763.43		
C. Full Name (Last, First, Middle Initial) LINDA KELLY		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34935	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 47.95
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 ▼ 431.55		

SUBTOTAL of Receipts This Page (optional) 190.88

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. PEGGY KERMEEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3
Mailing Address 809 3RD AVENUE		Transaction ID: SA11A1.32851
City STERLING	State IL	Zip Code 61081
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.10
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30	
Full Name (Last, First, Middle Initial) B. DEBRA KIDNEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3
Mailing Address 8420 N. WILLAMETTE BLVD.		Transaction ID: SA11A1.35369
City PORTLAND	State OR	Zip Code 97203
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME OR CN 75	Occupation ORGANIZER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
Full Name (Last, First, Middle Initial) C. JILL KIELBLOCK		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3
Mailing Address 581 GOTZIAN STREET		Transaction ID: SA11A1.35110
City ST. PAUL	State MN	Zip Code 55108
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 59.58
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 711.89	

SUBTOTAL of Receipts This Page (optional) ►

151.68

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. PAULA R. KING		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 3S109 Sequoia Drive		Transaction ID: SA11A1.33702
City Glen Ellyn	State IL	Zip Code 60137
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.10
Name of Employer IL CN 31	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30	
Full Name (Last, First, Middle Initial) B. Lynne C. Kirk		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 17 Londonderry Ct.		Transaction ID: SA11A1.34931
City Cockhranville	State PA	Zip Code 19330
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.92
Name of Employer PA CN 13, LOCAL 2377	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 243.98	
Full Name (Last, First, Middle Initial) C. R. MICHAEL KIRKPATRICK		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 6131 MIFFLIN AVENUE		Transaction ID: SA11A1.34932
City HARRISBURG	State PA	Zip Code 17111
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 119.31
Name of Employer AFC6ME PA CN 13	Occupation DIRECTOR OF GRIEVANCE DEPT.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 914.71	

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214.33

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) SHIRLEY KIRKWOOD Mailing Address 1232 WINDING WAY City State Zip Code TOBYHANNA PA 18466 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 686.88		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34978 Amount of Each Receipt this Period 58.22
B. Full Name (Last, First, Middle Initial) JOSEPH KLEMAN Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13 City State Zip Code HARRISBURG PA 17111-1539 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 775.98		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.35006 Amount of Each Receipt this Period 71.08
C. Full Name (Last, First, Middle Initial) RICHARD KLOOR Mailing Address 5211 WILLIS ROAD City State Zip Code NORTH BRANCH MI 48461 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 515.11		Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35028 Amount of Each Receipt this Period 24.11

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) RICHARD KLOOR Mailing Address 5211 WILLIS ROAD City State Zip Code NORTH BRANCH MI 48461 FEC ID number of contributing federal political committee. C Name of Employer AFSCME full CN 25 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 539.22		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3 Transaction ID: SA11A1.35056 Amount of Each Receipt this Period 24.11
B. Full Name (Last, First, Middle Initial) MARCIA R. KNOX Mailing Address 1660 NEWTON AVENUE City State Zip Code DAYTON OH 45406 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 582.11		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3 Transaction ID: SA11A1.35452 Amount of Each Receipt this Period 49.94
C. Full Name (Last, First, Middle Initial) BARBARA KREMP Mailing Address 302 DONNELLY AVENUE City State Zip Code ASTON PA 19014 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 656.88		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3 Transaction ID: SA11A1.34987 Amount of Each Receipt this Period 58.22

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132.27

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) Elizabeth Kuehnle			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 8805 Oak Creek Drive			Transaction ID: SA11A1.32658	
City	State	Zip Code	Amount of Each Receipt this Period	
Columbus	OH	43229	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME Council 4		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) PATRICIA A. KUNK			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 3517 PINE GREEN DRIVE			Transaction ID: SA11A1.35453	
City	State	Zip Code	Amount of Each Receipt this Period	
DAYTON	OH	45414	31.74	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH CN 8		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 403.85		
C. Full Name (Last, First, Middle Initial) RANDALL T. KUSAKA			Date of Receipt M / D / Y 12 / 19 / 2003	
Mailing Address 800 Mililani Street, Suite 601			Transaction ID: SA11A1.35392	
City	State	Zip Code	Amount of Each Receipt this Period	
Honolulu	HI	96813-2591	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer HGEA/HI LOC 152		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

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71.74

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. MATTHEW LABO		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 2201 W. Touhy Avenue		Transaction ID: SA11A1.33705
City Chicago	State IL	Zip Code 60645
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 48.70
Name of Employer IL CN 31	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 390.49	
Full Name (Last, First, Middle Initial) B. JEANINE LAKE		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 709 E. Robinson Street		Transaction ID: SA11A1.35161
City Carson City	State NV	Zip Code 89702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.63
Name of Employer AFSCME NV LOC 4041	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.67	
Full Name (Last, First, Middle Initial) C. FRANCIS M. LALLY III		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address C/O 298 CHURCHMANS ROAD DE CN 81		Transaction ID: SA11A1.32895
City NEW CASTLE	State DE	Zip Code 19720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.38
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.37	

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. THOMAS LARSEN		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003
Mailing Address 1734 ARROWHEAD DRIVE		Transaction ID: SA11A1.35546
City BELOIT	State WI	Zip Code 53511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME WI CN 40	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) B. THOMAS LARSEN		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003
Mailing Address 1734 ARROWHEAD DRIVE		Transaction ID: SA11A1.35501
City BELOIT	State WI	Zip Code 53511
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer AFSCME WI CN 40	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
Full Name (Last, First, Middle Initial) C. DANA LARSON		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA COUNCIL 13		Transaction ID: SA11A1.34966
City HARRISBURG	State PA	Zip Code 17111-1599
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.10
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 345.46	

SUBTOTAL of Receipts This Page (optional) ▶

99.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
or each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) SUE LEE-ALLEN			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 7935 SW SANTOLINA PLACE			Transaction ID: SA11A1.35351	
City	State	Zip Code	Amount of Each Receipt this Period	
BEAVERTON	OR	97008	55.00	
FEC ID number of contributing federal political committee. C				
Name of Employer OR CN 75		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 330.00		
B. Full Name (Last, First, Middle Initial) DOROTHY LENOIR			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 300 PARK AVENUE #PH30			Transaction ID: SA11A1.32722	
City	State	Zip Code	Amount of Each Receipt this Period	
CALLUMET CITY	IL	60409	56.66	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 739.18		
C. Full Name (Last, First, Middle Initial) DINO LEONE			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 9115 TURKEY HOLLOW ROAD			Transaction ID: SA11A1.32732	
City	State	Zip Code	Amount of Each Receipt this Period	
TAYLOR RIDGE	IL	61284-9648	52.10	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 677.30		

SUBTOTAL of Receipts This Page (optional) ▶

163.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) SARAH LEWERENZ			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 127 EAST 8TH STREET			Transaction ID: SA11A1.35082		
City	State	Zip Code	Amount of Each Receipt this Period		
DULUTH	MN	55805	34.00		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME MN CN 95		Occupation			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 356.00			
B. Full Name (Last, First, Middle Initial) VALERY LIGHT			Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address 32 Barley Lane			Transaction ID: SA11A1.34933		
City	State	Zip Code	Amount of Each Receipt this Period		
Palmyra	PA	17078	47.95		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME PA CN 13		Occupation			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 450.73			
C. Full Name (Last, First, Middle Initial) RICHARD E. LINDSAY			Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address 210 N. MIDDLESEX ROAD			Transaction ID: SA11A1.34934		
City	State	Zip Code	Amount of Each Receipt this Period		
CARLISLE	PA	17013	87.98		
FEC ID number of contributing federal political committee. C					
Name of Employer AFSCME PA CN 13		Occupation ASSISTANT DIRECTOR			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 1011.77			

SUBTOTAL of Receipts This Page (optional) ▶

169.93

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

SCHEDULE A (FEC Form 3X)
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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) DEBORAH LIPPINCOTT Mailing Address 535 BIRDWELL CHURCH LANE City State Zip Code CREAL SPRINGS IL 62822 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 677.30		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.32758 Amount of Each Receipt this Period 52.10
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 CT CN 4 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 527.11		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.32660 Amount of Each Receipt this Period 47.96
C. Full Name (Last, First, Middle Initial) TED LODA Mailing Address 101D MAIN APT. 3 City State Zip Code EVANSTON IL 60202 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 739.18		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.32715 Amount of Each Receipt this Period 58.68

SUBTOTAL of Receipts This Page (optional) **158.72**

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LISABETH LONG		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 4985 WYNNEWOOD ROAD		Transaction ID: SA11A1.34935	
City HARRISBURG	State PA	Zip Code 17109	Amount of Each Receipt this Period 112.77
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation EDUCATION DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 602.16		
B. Full Name (Last, First, Middle Initial) SALVATORE LUCIANO		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 947 BUNKER HILL RD		Transaction ID: SA11A1.32662	
City WATERTOWN	State CT	Zip Code 06795	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer CT CN 4 AFSCME	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		
C. Full Name (Last, First, Middle Initial) JOHN A. LYALL		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 383 ASHMOORE CIRCLE EAST		Transaction ID: SA11A1.35454	
City POWELL	State OH	Zip Code 43085	Amount of Each Receipt this Period 99.28
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation FIRST VICE PRESIDENT		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1282.01		

SUBTOTAL of Receipts This Page (optional) ▶

252.05

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERTA LYNCH		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 4850 N. HERMITAGE STREET		Transaction ID: SA11A1.32719	
City CHICAGO	State IL	Zip Code 60640	Amount of Each Receipt this Period 86.26
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 ▼ 1121.38		
B. Full Name (Last, First, Middle Initial) M. C. LYTER		Date of Receipt M / D / Y 12 / 31 / 2003	
Mailing Address P.O. BOX 102		Transaction ID: SA11A1.35500	
City ELLIOTTSTURG	State PA	Zip Code 17024	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer PA CN 13	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) LONIE MAGCONNELL		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34936	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 59.50
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 ▼ 547.40		

SUBTOTAL of Receipts This Page (optional) 185.76

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) SCOTT MACKENZIE			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 1445 Kirsten Street			Transaction ID: SA11A1.35156	
City	State	Zip Code	Amount of Each Receipt this Period	
Reno	NV	89503	26.67	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME NV LOC 4041		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 340.76		
B. Full Name (Last, First, Middle Initial) SCOTT MACKENZIE			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 1445 Kirsten Street			Transaction ID: SA11A1.35162	
City	State	Zip Code	Amount of Each Receipt this Period	
Reno	NV	89503	33.33	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME NV LOC 4041		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 374.09		
C. Full Name (Last, First, Middle Initial) JOHN P. MAGLIO			Date of Receipt M / D / Y 12 / 01 / 2003	
Mailing Address P.O. Box 624			Transaction ID: SA11A1.35544	
City	State	Zip Code	Amount of Each Receipt this Period	
Racine	WI	53401	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) **80.00**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JOHN P. MAGLIO		Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address P.O. Box 624		Transaction ID: SA11A1.35903	
City Racine	State WI	Zip Code 53401	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
B. Full Name (Last, First, Middle Initial) KATHRYN S. MALONE		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 988 CIRCLE ON THE GREEN		Transaction ID: SA11A1.35455	
City WORTHINGTON	State OH	Zip Code 43235	Amount of Each Receipt this Period 60.80
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation DIRECTOR OF PUBLIC AFFAIRS		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 785.05		
C. Full Name (Last, First, Middle Initial) RON MALONE		Date of Receipt M / D / Y 12 / 15 / 2003	
Mailing Address 988 CIRCLE-ON-THE-GREEN		Transaction ID: SA11A1.35189	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 93.21
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OHIO UNITED	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1027.77		

SUBTOTAL of Receipts This Page (optional) 174.01

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) RON MALONE		Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003	
Mailing Address 988 CIRCLE-ON-THE-GREEN		Transaction ID: SA11A1.35196	
City COLUMBUS	State OH	Zip Code 43235	Amount of Each Receipt this Period 87.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OHIO UNITED	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1115.27		
B. Full Name (Last, First, Middle Initial) TED MANNA		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 101 BRISTOL LANE		Transaction ID: SA11A1.34946	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Receipt this Period 87.33
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 657.77		
C. Full Name (Last, First, Middle Initial) STEPHEN MARINGEL		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 247 KENNARD STREET		Transaction ID: SA11A1.35112	
City ST. PAUL	State MN	Zip Code 55108	Amount of Each Receipt this Period 59.58
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 711.89		

SUBTOTAL of Receipts This Page (optional) 234.39

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NAME OF COMMITTEE (In Full)

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

A. WAYNE MARSHALL Full Name (Last, First, Middle Initial) Mailing Address 136 Maryknoll City State Zip Code Hamden CT 06514 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CT CN 4 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.32666 Amount of Each Receipt this Period 20.00
B. ROBERT D. MARTIN Full Name (Last, First, Middle Initial) Mailing Address 5184 Sciabo Darby Road City State Zip Code Hillard OH 43026 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00			Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003 Transaction ID: SA11A1.35181 Amount of Each Receipt this Period 40.00
C. KELLY MARTINEZ Full Name (Last, First, Middle Initial) Mailing Address 444 E. Main Street City State Zip Code New Britain CT 06051 FEC ID number of contributing federal political committee. C Name of Employer AFSCME CT CN 4 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.32667 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) 80.00

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. KIMBERLY A. MASSENGILL		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003
Mailing Address 840 PEBBLELANE DRIVE		Transaction ID: SA11A1.35456
City WORTHINGTON	State OH	Zip Code 43085-4830
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.80
Name of Employer AFSCME OH CN 8	Occupation ASSOCIATE COUNSEL	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 746.36	
Full Name (Last, First, Middle Initial) B. JAMES E. MATTSON		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003
Mailing Address 1701 E. 7TH STREET		Transaction ID: SA11A1.35552
City SUPERIOR	State WI	Zip Code 54880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer AFSCME WI CN 40	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	
Full Name (Last, First, Middle Initial) C. JAMES E. MATTSON		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003
Mailing Address 1701 E. 7TH STREET		Transaction ID: SA11A1.35304
City SUPERIOR	State WI	Zip Code 54880
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer AFSCME WI CN 40	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ► **107.80**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JAMES MAUPIN, JR.		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 535 BIRDWELL CHURCH LANE		Transaction ID: SA11A1.32741	
City CREAL SPRINGS	State IL	Zip Code 62822	Amount of Each Receipt this Period 63.88
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.44		
B. Full Name (Last, First, Middle Initial) JAMES MCGANN		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 3421 EDEN STREET		Transaction ID: SA11A1.34988	
City PHILADELPHIA	State PA	Zip Code 19114	Amount of Each Receipt this Period 87.33
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 715.99		
C. Full Name (Last, First, Middle Initial) GARY MCGAULLEY		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34937	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 58.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68		

SUBTOTAL of Receipts This Page (optional) ▶

209.43

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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) ELSTON K MCCOWAN			Date of Receipt M / D / Y 12 / 09 / 2003	
Mailing Address 3412 Knipp Drive, Suite 102			Transaction ID: SA11A1.35137	
City	State	Zip Code	Amount of Each Receipt this Period	
Jefferson City	MO	65109	15.05	
FEC ID number of contributing federal political committee. C				
Name of Employer MISSOURI/KANSAS CN 72		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 210.74		
B. Full Name (Last, First, Middle Initial) TONY MCCUBBIN			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 29 N. Wacker Drive, Suite 800			Transaction ID: SA11A1.33717	
City	State	Zip Code	Amount of Each Receipt this Period	
Chicago	IL	60606	42.62	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 238.51		
C. Full Name (Last, First, Middle Initial) GAYLEN McDONALD			Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 609 AQUA VIEW DRIVE			Transaction ID: SA11A1.35028	
City	State	Zip Code	Amount of Each Receipt this Period	
KALAMAZOO	MI	49008-9852	29.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME MI CN 25		Occupation SENIOR STAFF		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 638.00		

SUBTOTAL of Receipts This Page (optional) ▶

98.57

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)

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) GAYLEN McDONALD			Date of Receipt M / D / Y 12 / 22 / 2003	
Mailing Address 809 AQUA VIEW DRIVE			Transaction ID: SA11A1.35058	
City	State	Zip Code	Amount of Each Receipt this Period	
KALAMAZOO	MI	49006-9852	29.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME full CN 25		Occupation SENIOR STAFF		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 667.00		
B. Full Name (Last, First, Middle Initial) RANDALL MCCLFRESH			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 5347 RADCLIFFE ROAD			Transaction ID: SA11A1.35457	
City	State	Zip Code	Amount of Each Receipt this Period	
SYLVANIA	OH	43560-1839	55.08	
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 ▼ 711.25		
C. Full Name (Last, First, Middle Initial) THOMAS MCLAUGHLIN			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 2056 CAMBRIDGE ROAD			Transaction ID: SA11A1.32731	
City	State	Zip Code	Amount of Each Receipt this Period	
SPRINGFIELD	IL	62704	63.88	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation REGIONAL DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 830.44		

SUBTOTAL of Receipts This Page (optional) 147.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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, QUALIFI-
 ED

Full Name (Last, First, Middle Initial) A. PETER M MCLINDEN		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 788 MILL RUN DRIVE		Transaction ID: SA11A1.35458	
City SUNBURY	State OH	Zip Code 43074	Amount of Each Receipt this Period 57.80
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 ▼ 746.36		
Full Name (Last, First, Middle Initial) B. EDWARD MCNEIL		Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address c/o 6800 N. HIGH STREET OH CN 8		Transaction ID: SA11A1.35029	
City WORTHINGTON	State OH	Zip Code 43085-2512	Amount of Each Receipt this Period 34.49
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 735.78		
Full Name (Last, First, Middle Initial) C. EDWARD MCNEIL		Date of Receipt M / D / Y 12 / 22 / 2003	
Mailing Address c/o 6800 N. HIGH STREET OH CN 8		Transaction ID: SA11A1.35059	
City WORTHINGTON	State OH	Zip Code 43085-2512	Amount of Each Receipt this Period 34.49
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.27		

SUBTOTAL of Receipts This Page (optional) 128.78

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. GERARD MEARA Full Name (Last, First, Middle Initial) Mailing Address 89 HARBOURTON-MT AIRY ROAD City State Zip Code LAMBERTVILLE NJ 08530 FEC ID number of contributing federal political committee. C Name of Employer AFSCME NJ CN 73 Occupation DIRECTOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00		Date of Receipt M M / D D / Y Y Y Y 12 23 2003 Transaction ID: SA11A1.35346 Amount of Each Receipt this Period 10.00
B. BRAD L. MILLER Full Name (Last, First, Middle Initial) Mailing Address 228B DARLINGTON E. ROAD City State Zip Code BELLVILLE OH 44813-9271 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 ▼ 711.25		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35459 Amount of Each Receipt this Period 55.08
C. DOROTHY MILLER Full Name (Last, First, Middle Initial) Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13 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 ▼ 498.69		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.35003 Amount of Each Receipt this Period 67.13

SUBTOTAL of Receipts This Page (optional) 132.21

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

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

A. Scott D. Miller Full Name (Last, First, Middle Initial) Mailing Address 2056 W HUTCHINSON, 2ND FL City State Zip Code CHICAGO IL 60618 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 730.86		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.33718 Amount of Each Receipt this Period 56.22
B. TIMOTHY MILLER Full Name (Last, First, Middle Initial) 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 REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 657.77		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.34947 Amount of Each Receipt this Period 87.33
C. HAROLD F. MITCHELL Full Name (Last, First, Middle Initial) Mailing Address 204B MARLINDALE ROAD City State Zip Code CLEVELAND HTS OH 44118 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 ▼ 1108.08		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003 Transaction ID: SA11A1.35480 Amount of Each Receipt this Period 85.68

SUBTOTAL of Receipts This Page (optional) ▶

229.21

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) WILLIAM E MOBERLY, JR.			Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003	
Mailing Address 8033 Excelsior Drive #B			Transaction ID: SA11A1.35528	
City	State	Zip Code	Amount of Each Receipt this Period	
Madison	WI	53717-1803	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) WILLIAM E MOBERLY, JR.			Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003	
Mailing Address 8033 Excelsior Drive #B			Transaction ID: SA11A1.35305	
City	State	Zip Code	Amount of Each Receipt this Period	
Madison	WI	53717-1803	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		
C. Full Name (Last, First, Middle Initial) HARRY MOBLEY			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE C/O PA CN 13			Transaction ID: SA11A1.34989	
City	State	Zip Code	Amount of Each Receipt this Period	
HARRISBURG	PA	17111-1599	58.22	
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 ▼ 658.88		

SUBTOTAL of Receipts This Page (optional) ►

98.22

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ERIC MONBERGER		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 1021 MANOR ROAD		Transaction ID: SA11A1.34956	
City NEW KENSINGTON	State PA	Zip Code 15068	Amount of Each Receipt this Period 58.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.66		
B. Full Name (Last, First, Middle Initial) KAREN MONBERGER		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 1021 MANOR ROAD		Transaction ID: SA11A1.34957	
City NEW KENSINGTON	State PA	Zip Code 15068	Amount of Each Receipt this Period 58.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.66		
C. Full Name (Last, First, Middle Initial) GEORGE MONTGOMERY		Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 617D Bay Court		Transaction ID: SA11A1.35030	
City Waterford	State MI	Zip Code 48327	Amount of Each Receipt this Period 30.70
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MTCN 25/LANSING	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 429.80		

SUBTOTAL of Receipts This Page (optional) ▶

147.14

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) GEORGE MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 817D Bay Court		Transaction ID: SA11A1.35080	
City Waterford	State MI	Zip Code 48327	Amount of Each Receipt this Period 30.70
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MI CN 25/LANSING	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 460.50		
B. Full Name (Last, First, Middle Initial) RUTH MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 817D BAY COURT		Transaction ID: SA11A1.35081	
City WATERFORD	State MI	Zip Code 48327	Amount of Each Receipt this Period 30.70
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 ▼ 670.88		
C. Full Name (Last, First, Middle Initial) RUTH MONTGOMERY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 817D BAY COURT		Transaction ID: SA11A1.35081	
City WATERFORD	State MI	Zip Code 48327	Amount of Each Receipt this Period 30.70
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 ▼ 701.58		

SUBTOTAL of Receipts This Page (optional) ▶

92.10

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, QUALIFI-
 ED

A. Full Name (Last, First, Middle Initial) JEANNE MORRIS		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34938	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 87.33
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 657.77		
B. Full Name (Last, First, Middle Initial) PATRICIA MOSS		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 9583 DUCAN PLAINS ROAD		Transaction ID: SA11A1.35462	
City JOHNSTOWN	State OH	Zip Code 43031-9305	Amount of Each Receipt this Period 111.66
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation PRESIDENT		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1441.79		
C. Full Name (Last, First, Middle Initial) KEVIN J MOYER		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 889 WEST SANDALWOOD		Transaction ID: SA11A1.35463	
City PERRYSBURG	State OH	Zip Code 43551	Amount of Each Receipt this Period 55.08
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 ▼ 711.25		

SUBTOTAL of Receipts This Page (optional) ▶ 254.07

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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) MICHELLE MULHERIN			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 2462 CLEVELAND AVENUE			Transaction ID: SA11A1.34990	
City	State	Zip Code	Amount of Each Receipt this Period	
WEST WYOMISSING	PA	19609	58.22	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 686.88		
B. Full Name (Last, First, Middle Initial) LAWRENCE MURIN			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 500 N. 28TH STREET			Transaction ID: SA11A1.34991	
City	State	Zip Code	Amount of Each Receipt this Period	
READING	PA	19606	65.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 798.25		
C. Full Name (Last, First, Middle Initial) Kevin M. Murphy			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 6805 Oak Creek Drive			Transaction ID: SA11A1.32868	
City	State	Zip Code	Amount of Each Receipt this Period	
Columbus	OH	43229	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME Council 4		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) ▶

143.22

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MICHAEL MURPHY			Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 3285 Atlas Drive			Transaction ID: SA11A1.35324	
City	State	Zip Code	Amount of Each Receipt this Period	
Dayton	OH	45406-1104	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation PRESIDENT		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
B. Full Name (Last, First, Middle Initial) Lawrence S Nagasawa, Jr.			Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address			Transaction ID: SA11A1.35405	
City	State	Zip Code	Amount of Each Receipt this Period	
			20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME Local 152		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) DENNIS NAUSS			Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3	
Mailing Address 1015 WASHINGTON			Transaction ID: SA11A1.35032	
City	State	Zip Code	Amount of Each Receipt this Period	
BRIGHTON	MI	48110-1321	28.15	
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 ▼ 603.02		

SUBTOTAL of Receipts This Page (optional) ▶

68.15

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

A. DENNIS NAUSS Full Name (Last, First, Middle Initial) Mailing Address 1015 WASHINGTON City BRIGHTON State MI Zip Code 48116-1321 FEC ID number of contributing federal political committee. C Name of Employer AFSCME full CN 25 Occupation STAFF SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 631.17		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3 Transaction ID: SA11A1.35082 Amount of Each Receipt this Period 28.15
B. JAMES NEBLETT Full Name (Last, First, Middle Initial) Mailing Address 17635 GREENVIEW City DETROIT State MI Zip Code 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation ADMINISTRATIVE DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 655.88		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 3 Transaction ID: SA11A1.35083 Amount of Each Receipt this Period 30.70
C. JAMES NEBLETT Full Name (Last, First, Middle Initial) Mailing Address 17635 GREENVIEW City DETROIT State MI Zip Code 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation ADMINISTRATIVE DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 656.58		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3 Transaction ID: SA11A1.35083 Amount of Each Receipt this Period 30.70

SUBTOTAL of Receipts This Page (optional) 89.55

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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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) CHRISTI NELSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 7424 IDEN AVENUE, SQ.		Transaction ID: SA11A1.35113	
City COTTAGE GROVE.	State MN	Zip Code 55016	Amount of Each Receipt this Period 45.58
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 542.49		
B. Full Name (Last, First, Middle Initial) CYNTHIA NELSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 2648 GARFIELD STREET NE		Transaction ID: SA11A1.35114	
City MINNEAPOLIS	State MN	Zip Code 55418	Amount of Each Receipt this Period 55.04
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 654.63		
C. Full Name (Last, First, Middle Initial) MATTHEW NELSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 3806 EDMUND BOULEVARD		Transaction ID: SA11A1.35115	
City MINNEAPOLIS	State MN	Zip Code 55408	Amount of Each Receipt this Period 59.58
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation BUSINESS REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 711.69		

SUBTOTAL of Receipts This Page (optional) ▶

160.18

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JESSE NEWCOMER IV		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34939	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 81.09
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 621.69		
B. Full Name (Last, First, Middle Initial) MICHAEL NEWMAN		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 4031 N. HERMITAGE AVENUE		Transaction ID: SA11A1.32718	
City CHICAGO	State IL	Zip Code 60613	Amount of Each Receipt this Period 73.48
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 881.78		
C. Full Name (Last, First, Middle Initial) SHERYL L. NICHOLS		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 2410 EAST FIFTH STREET		Transaction ID: SA11A1.35464	
City DAYTON	State OH	Zip Code 45403	Amount of Each Receipt this Period 24.47
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 ▼ 300.82		

SUBTOTAL of Receipts This Page (optional) **179.04**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BONITA NOLL Mailing Address 5850 SHOPE PLACE City State Zip Code HARRISBURG PA 17109 FEC ID number of contributing federal political committee. C Name of Employer AFCSME PA CN 13 Occupation ASSISTANT DIRECTOR & MTG. COORDINATOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 763.43			Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003 Transaction ID: SA11A1.34940 Amount of Each Receipt this Period 84.83
B. Full Name (Last, First, Middle Initial) DAVID NORTH Mailing Address 9812 CAVELL CIRCLE SO. City State Zip Code BLOOMINGTON MN 55438 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MN CN 14 Occupation ORGANIZER Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 599.91			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003 Transaction ID: SA11A1.35116 Amount of Each Receipt this Period 50.52
C. Full Name (Last, First, Middle Initial) DENNIS M. O'BRIEN Mailing Address 122B RT B City State Zip Code Rhinelander WI 54501-9813 FEC ID number of contributing federal political committee. C Name of Employer AFSCME WI CN 40 Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00			Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003 Transaction ID: SA11A1.35517 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) 160.35

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DENNIS M. O'BRIEN		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003	
Mailing Address 1226 RT 6		Transaction ID: SA11A1.35906	
City Rhinelander	State WI	Zip Code 54501-9813	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		
B. Full Name (Last, First, Middle Initial) DENNIS ONEIL		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 124 East Street		Transaction ID: SA11A1.32669	
City Litchfield	State CT	Zip Code 06759	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME CT CN 4	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		
C. Full Name (Last, First, Middle Initial) NANCY OBERDICK		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 22 EDGEWOOD DRIVE		Transaction ID: SA11A1.34998	
City MECHANICSBURG	State PA	Zip Code 17055	Amount of Each Receipt this Period 87.33
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 ▼ 715.99		

SUBTOTAL of Receipts This Page (optional) 132.33

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) RUSSELL K. OKATA		Date of Receipt M / D / Y 12 / 10 / 2003	
Mailing Address 1015 WILDER AVENUE #209		Transaction ID: SA11A1.35408	
City HONOLULU	State HI	Zip Code 96822-2655	Amount of Each Receipt this Period 75.00
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 ▼ 600.00		
B. Full Name (Last, First, Middle Initial) SUSAN M. OSTHUS		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 5200 DEERWOOD LAKE DRIVE		Transaction ID: SA11A1.33711	
City SPRINGFIELD	State IL	Zip Code 62703	Amount of Each Receipt this Period 56.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation LEGAL COUNSEL		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.88		
C. Full Name (Last, First, Middle Initial) DEBORAH JO PATTON		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 29 N Wacker		Transaction ID: SA11A1.33724	
City Chicago	State IL	Zip Code 60609	Amount of Each Receipt this Period 47.22
FEC ID number of contributing federal political committee. C			
Name of Employer IL CN 31	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 566.64		

SUBTOTAL of Receipts This Page (optional) **178.44**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BARRY PEARCE			Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 130 N. WILSON STREET			Transaction ID: SA11A1.34948	
City	State	Zip Code	Amount of Each Receipt this Period	
BELLEFONTE	PA	16823	64.75	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME PA CN 13		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 518.55		
B. Full Name (Last, First, Middle Initial) RANDOLPH P. PERREIRA			Date of Receipt M / D / Y 12 / 18 / 2003	
Mailing Address 1044 MOKUHANO STREET			Transaction ID: SA11A1.35410	
City	State	Zip Code	Amount of Each Receipt this Period	
HONOLULU	HI	96825	40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME HI LOCAL 152		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00		
C. Full Name (Last, First, Middle Initial) MICHAEL S. PERRY			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 313 SHERIDAN ROAD			Transaction ID: SA11A1.33707	
City	State	Zip Code	Amount of Each Receipt this Period	
WILMETTE	IL	60091	54.34	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation DIRECTOR EMP. INV. DEV. & TRAINING		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 708.42		

SUBTOTAL of Receipts This Page (optional) ▶

159.09

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED	
A. Full Name (Last, First, Middle Initial) JANE ANN PETERSON Mailing Address 2179 SHOREHAM ROAD City State Zip Code COLUMBUS OH 43220 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OHIO UNITED Occupation ADMINISTRATIVE ASSISTANT Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 415.55	Date of Receipt M M / D D / Y Y Y Y 12 15 2003 Transaction ID: SA11A1.35192 Amount of Each Receipt this Period 38.06
B. Full Name (Last, First, Middle Initial) JANE ANN PETERSON Mailing Address 2179 SHOREHAM ROAD City State Zip Code COLUMBUS OH 43220 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OHIO UNITED Occupation ADMINISTRATIVE ASSISTANT Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 451.27	Date of Receipt M M / D D / Y Y Y Y 12 30 2003 Transaction ID: SA11A1.35198 Amount of Each Receipt this Period 35.72
C. Full Name (Last, First, Middle Initial) LESLIE PETERSON Mailing Address 2179 SHOREHAM ROAD City State Zip Code COLUMBUS OH 43220 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation ACCOUNTING SUPERVISOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 572.28	Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35485 Amount of Each Receipt this Period 44.32
SUBTOTAL of Receipts This Page (optional) ► 118.10	
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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) STEVAN P. PICKARD		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 3325 CAPRICIO STREET NE		Transaction ID: SA11A1.35466	
City CANTON	State OH	Zip Code 44721-2702	Amount of Each Receipt this Period 51.60
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 ▼ 658.19		
B. Full Name (Last, First, Middle Initial) KEVAN L. PLUMLEE		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 14038 ALLEN ROAD		Transaction ID: SA11A1.33703	
City CARTERVILLE	State IL	Zip Code 62918	Amount of Each Receipt this Period 46.56
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 603.32		
C. Full Name (Last, First, Middle Initial) ZACHARIAH POLLOCK		Date of Receipt M / D / Y 12 / 09 / 2003	
Mailing Address 3412 Knipp Drive Suite 102		Transaction ID: SA11A1.35131	
City Jefferson City	State MO	Zip Code 65109	Amount of Each Receipt this Period 17.09
FEC ID number of contributing federal political committee. C			
Name of Employer MISSOURI/KANSAS CN 72	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 239.26		

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NAME OF COMMITTEE (In Full)

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

A. KENNETH POTOCKI Full Name (Last, First, Middle Initial) Mailing Address 17814 MANHATTEN ROAD City ELWOOD State IL Zip Code 60421 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 708.50		Date of Receipt M M / D D / Y Y Y Y 12 / 24 / 2003 Transaction ID: SA11A1.32716 Amount of Each Receipt this Period 54.50
B. SALLY A POWLESS Full Name (Last, First, Middle Initial) Mailing Address 241D WESTBROOK DRIVE City TOLEDO State OH Zip Code 43613 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 ▼ 754.30		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003 Transaction ID: SA11A1.35468 Amount of Each Receipt this Period 56.46
C. AMY L. PRICE Full Name (Last, First, Middle Initial) Mailing Address 254 1/2 EAST MAIN STREET City CANFIELD State OH Zip Code 44408 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 ▼ 923.90		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003 Transaction ID: SA11A1.35469 Amount of Each Receipt this Period 75.30

SUBTOTAL of Receipts This Page (optional) ▶

198.26

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BETTY RAY		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 220 SHADY LANE		Transaction ID: SA11A1.32738	
City BOLINGBROOK	State IL	Zip Code 60440	Amount of Each Receipt this Period 56.66
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 746.81		
B. Full Name (Last, First, Middle Initial) ZOLLIE RAYNER		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34967	
City HARRISBURG	State PA	Zip Code 17111-1539	Amount of Each Receipt this Period 39.80
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 ▼ 435.58		
C. Full Name (Last, First, Middle Initial) DEAN REYNOLDS, III		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address R. R. 1, BOX 512		Transaction ID: SA11A1.34972	
City JERSEY SHORE	State PA	Zip Code 17740	Amount of Each Receipt this Period 58.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68		

SUBTOTAL of Receipts This Page (optional) ► 154.88

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED	
A. Full Name (Last, First, Middle Initial) PETER RICKERT Mailing Address 722 E. FRONT STREET City DANVILLE State PA Zip Code 17821 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 628.66	Date of Receipt M / D / Y 12 / 17 / 2003 Transaction ID: SA11A1.34973 Amount of Each Receipt this Period 58.22
B. Full Name (Last, First, Middle Initial) DIANE RIGOTTI Mailing Address 304 E. MAPLE ROAD City BANCROFT State MI Zip Code 48414 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation SPECIAL ASSISTANT TO THE PRESIDENT Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 735.78	Date of Receipt M / D / Y 12 / 03 / 2003 Transaction ID: SA11A1.35034 Amount of Each Receipt this Period 34.49
C. Full Name (Last, First, Middle Initial) DIANE RIGOTTI Mailing Address 304 E. MAPLE ROAD City BANCROFT State MI Zip Code 48414 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation SPECIAL ASSISTANT TO THE PRESIDENT Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 770.27	Date of Receipt M / D / Y 12 / 22 / 2003 Transaction ID: SA11A1.35064 Amount of Each Receipt this Period 34.49
SUBTOTAL of Receipts This Page (optional) ► 127.20	
TOTAL This Period (last page this line number only) ►	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) VICKI RIORDAN		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34941	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 47.95
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 431.55		
B. Full Name (Last, First, Middle Initial) THOMAS J. RITCHIE, JR.		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 1644 SPAULDING ROAD		Transaction ID: SA11A1.35470	
City DAYTON	State OH	Zip Code 45432	Amount of Each Receipt this Period 75.30
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 ▼ 899.20		
C. Full Name (Last, First, Middle Initial) G. Rivers		Date of Receipt M / D / Y 12 / 31 / 2003	
Mailing Address P.O. Box 1414		Transaction ID: SA11A1.35498	
City Lancaster	State PA	Zip Code 17608-1414	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer PA CN 13	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) 173.25

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED	
A. Full Name (Last, First, Middle Initial) CLAUDIA ROBERSON Mailing Address 734D S. YATES 2ND FLOOR City State Zip Code CHICAGO IL 60649 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation REGIONAL DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 830.44	Date of Receipt M M / D D / Y Y Y Y 12 24 2003 Transaction ID: SA11A1.32714 Amount of Each Receipt this Period 63.88
B. Full Name (Last, First, Middle Initial) STEPHEN M. ROBERTS Mailing Address 185B TAMARACK CIRCLE APT# B 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 649.89	Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35471 Amount of Each Receipt this Period 51.60
C. Full Name (Last, First, Middle Initial) YVONNE ROBINSON Mailing Address 111B W. MARQUETTE ROAD 3RD FLOOR City State Zip Code CHICAGO IL 60621 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 677.30	Date of Receipt M M / D D / Y Y Y Y 12 24 2003 Transaction ID: SA11A1.33892 Amount of Each Receipt this Period 52.10
SUBTOTAL of Receipts This Page (optional) ► 167.58	
TOTAL This Period (last page this line number only) ►	

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) JOHN RODERICK		Date of Receipt M M / D D / Y Y Y Y 12 17 2003	
Mailing Address 412 HURON DRIVE		Transaction ID: SA11A1.35004	
City MECHANICSBURG	State PA	Zip Code 17055	Amount of Each Receipt this Period 87.33
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 715.99		
B. Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt M M / D D / Y Y Y Y 12 03 2003	
Mailing Address 3206 BRANDON STREET		Transaction ID: SA11A1.35005	
City ELINT	State MI	Zip Code 48504	Amount of Each Receipt this Period 46.44
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 ▼ 863.47		
C. Full Name (Last, First, Middle Initial) LAWRENCE ROEHRIG		Date of Receipt M M / D D / Y Y Y Y 12 22 2003	
Mailing Address 3206 BRANDON STREET		Transaction ID: SA11A1.35005	
City ELINT	State MI	Zip Code 48504	Amount of Each Receipt this Period 46.44
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 ▼ 909.91		

SUBTOTAL of Receipts This Page (optional) ►

180.21

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ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. ROBERT E ROMER		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 4089 Capital View Drive		Transaction ID: SA11A1.35158
City Carson City	State NV	Zip Code 89701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.63
Name of Employer AFSCME NV LOC 4041	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 271.56	
Full Name (Last, First, Middle Initial) B. ROBERT E ROMER		Date of Receipt M / D / Y 12 / 03 / 2003
Mailing Address 4089 Capital View Drive		Transaction ID: SA11A1.35164
City Carson City	State NV	Zip Code 89701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.63
Name of Employer AFSCME NV LOC 4041	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 294.19	
Full Name (Last, First, Middle Initial) C. JAMES ROSCOE		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 205 FIFTH STREET SWAN PLAN		Transaction ID: SA11A1.34958
City BROWNSVILLE	State PA	Zip Code 15417
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68	

SUBTOTAL of Receipts This Page (optional) ► **103.48**

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. MICHAEL ROSS		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 9432 S. HARDING		Transaction ID: SA11A1.33708
City EVERGREEN PARK	State IL	Zip Code 60805
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.10
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30	
Full Name (Last, First, Middle Initial) B. BRIAN ROTHENBERG		Date of Receipt M / D / Y 12 / 15 / 2003
Mailing Address 6805 Oak Creek Drive Suite 102		Transaction ID: SA11A1.35194
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.38
Name of Employer AFSCME UNITED	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.35	
Full Name (Last, First, Middle Initial) C. BRIAN ROTHENBERG		Date of Receipt M / D / Y 12 / 30 / 2003
Mailing Address 6805 Oak Creek Drive Suite 102		Transaction ID: SA11A1.35200
City Columbus	State OH	Zip Code 43229
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.38
Name of Employer AFSCME UNITED	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 555.73	

SUBTOTAL of Receipts This Page (optional) ▶

182.88

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED	
A. Full Name (Last, First, Middle Initial) JOSEPH K. ROWE Mailing Address 34 LAKESIDE DRIVE City State Zip Code HONESDALE PA 18431 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 686.88	Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34979 Amount of Each Receipt this Period 58.22
B. Full Name (Last, First, Middle Initial) BOB J. ROWLAND Mailing Address 1031 NORTH MAIN STREET City State Zip Code LIMA OH 45801 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OCSEA OH LOCAL 11 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 234.00	Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35184 Amount of Each Receipt this Period 18.00
C. Full Name (Last, First, Middle Initial) VERA SAADE Mailing Address 1309 VINE STREET City State Zip Code LANSING MI 48912 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation ASSISTANT DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 417.27	Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35038 Amount of Each Receipt this Period 20.54
SUBTOTAL of Receipts This Page (optional) ► 98.78	
TOTAL This Period (last page this line number only) ►	

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) VERA SAADE		Date of Receipt M / D / Y 12 / 22 / 2003	
Mailing Address 1300 VINE STREET		Transaction ID: SA11A1.35086	
City LANSING	State MI	Zip Code 48012	Amount of Each Receipt this Period 20.54
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME full CN 25	Occupation ASSISTANT DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.81		
B. Full Name (Last, First, Middle Initial) GEORGE SACHARIAN		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 126 S. LYNN BLVD.		Transaction ID: SA11A1.34992	
City UPPER DARBY	State PA	Zip Code 19082	Amount of Each Receipt this Period 51.24
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 611.39		
C. Full Name (Last, First, Middle Initial) LAURA SAINT		Date of Receipt M / D / Y 12 / 29 / 2003	
Mailing Address 11414 9TH AVENUE NW		Transaction ID: SA11A1.35211	
City SEATTLE	State WA	Zip Code 98177	Amount of Each Receipt this Period 29.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WA CN 28	Occupation AREA REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00		

SUBTOTAL of Receipts This Page (optional) ► 100.78

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) WILLIAM SAMS		Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 8200 Garber Road		Transaction ID: SA11A1.35472	
City Clayton	State OH	Zip Code 45415	Amount of Each Receipt this Period 53.30
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 ▼ 668.35		
B. Full Name (Last, First, Middle Initial) WILLIAM SARVER		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 1804 S. COUNTRY CLUB ROAD		Transaction ID: SA11A1.32730	
City DECATUR	State IL	Zip Code 62521	Amount of Each Receipt this Period 65.32
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation BUSINESS MANAGER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 849.18		
C. Full Name (Last, First, Middle Initial) MARY ANN SAYTAR		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address C/O 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34942	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 57.54
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 ▼ 450.73		

SUBTOTAL of Receipts This Page (optional) ▶

176.16

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) LORELEI SCAFARO		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address C/O 29 N. WACKER DRIVE SUITE 800 IL CN 31		Transaction ID: SA11A1.32708	
City CHICAGO	State IL	Zip Code 60606	Amount of Each Receipt this Period 43.72
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 568.36		
B. Full Name (Last, First, Middle Initial) PETER SCHMALZ		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 1227 N. RIDGELAND		Transaction ID: SA11A1.32736	
City OAK PARK	State IL	Zip Code 60302	Amount of Each Receipt this Period 63.88
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation REGIONAL DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 830.44		
C. Full Name (Last, First, Middle Initial) KIMBERLY SCHUMAGHER		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 3740 N. KOSTNER #1		Transaction ID: SA11A1.33894	
City CHICAGO	State IL	Zip Code 60641	Amount of Each Receipt this Period 44.60
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 558.22		

SUBTOTAL of Receipts This Page (optional) 152.20

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. MARY SCHWANGER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 419 VALLEY STREET		Transaction ID: SA11A1.35005
City MARYSVILLE	State PA	Zip Code 17053
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.34	
Full Name (Last, First, Middle Initial) B. GAIL M. SCOTT		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 147D Burstock Road, Apt A		Transaction ID: SA11A1.35473
City Columbus	State OH	Zip Code 44465
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.76
Name of Employer AFSCME OHIO COUNCIL 8	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 277.01	
Full Name (Last, First, Middle Initial) C. JERRY BERFLING		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 238B HIDDEN VALLEY LANE		Transaction ID: SA11A1.35117
City STILLWATER	State MN	Zip Code 55082
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 68.28
Name of Employer AFSCME MN CN 14	Occupation ASSISTANT DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 792.00	

SUBTOTAL of Receipts This Page (optional) ▶

142.28

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. EDWARD SERRANO JR.		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 1227 KOSCIUSKO BLVD.		Transaction ID: SA11A1.33716
City EAST CHICAGO	State IN	Zip Code 46312
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.98
Name of Employer AFSCME IL CN 31	Occupation ORGANIZER	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 493.08	
Full Name (Last, First, Middle Initial) B. Donald Seves		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 444 E Main Street		Transaction ID: SA11A1.32671
City New Britain	State CT	Zip Code 06051
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME CT CN 4	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. DOMINIC SGRO		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 144 STORMER ROAD		Transaction ID: SA11A1.34949
City INDIANA	State PA	Zip Code 15701
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68	

SUBTOTAL of Receipts This Page (optional) 119.20

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. DONALD G. SHAFFER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address R. D. #5, BOX 82		Transaction ID: SA11A1.34969
City BROOKEVILLE	State PA	Zip Code 15825-9501
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 39.80
Name of Employer AFSCME PA CN 85	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 379.58	
Full Name (Last, First, Middle Initial) B. STEVEN SHAFFER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address R. D. 1, BOX 37		Transaction ID: SA11A1.34970
City SIGEL	State PA	Zip Code 15860
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68	
Full Name (Last, First, Middle Initial) C. Helena H. Shay		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 171 PARK AVENUE		Transaction ID: SA11A1.32872
City WINDSOR	State CT	Zip Code 06065
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer AFSCME Council 4	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶

138.02

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

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ITEMIZED RECEIPTS

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, QUALIFI-
ED

A. Full Name (Last, First, Middle Initial) CAROL ANN SIMS			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 7337 S. SHORE DRIVE #724			Transaction ID: SA11A1.32709	
City	State	Zip Code	Amount of Each Receipt this Period	
CHICAGO	IL	60649	53.66	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 697.58		
B. Full Name (Last, First, Middle Initial) T. L. SINGER			Date of Receipt M / D / Y 12 / 31 / 2003	
Mailing Address 103D 6TH AVENUE			Transaction ID: SA11A1.35509	
City	State	Zip Code	Amount of Each Receipt this Period	
STEELTON	PA	17113	40.00	
FEC ID number of contributing federal political committee. C				
Name of Employer PA CN 13		Occupation		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) ROBERTA J. SKOK			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 775 TOWNSHIP ROAD #2204			Transaction ID: SA11A1.35475	
City	State	Zip Code	Amount of Each Receipt this Period	
PERRYSVILLE	OH	44864	48.36	
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 ▼ 610.18		

SUBTOTAL of Receipts This Page (optional) ▶

142.02

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NAME OF COMMITTEE (In Full)

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

A. BETTY SMITH Full Name (Last, First, Middle Initial) Mailing Address 19292 ARCHER City State Zip Code DETROIT MI 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation ASSISTANT TO THE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 570.27			Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35038 Amount of Each Receipt this Period 28.08
B. BETTY SMITH Full Name (Last, First, Middle Initial) Mailing Address 19292 ARCHER City State Zip Code DETROIT MI 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation ASSISTANT TO THE PRESIDENT Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 598.35			Date of Receipt M M / D D / Y Y Y Y 12 22 2003 Transaction ID: SA11A1.35038 Amount of Each Receipt this Period 28.08
C. DAVID SMITH Full Name (Last, First, Middle Initial) Mailing Address 621 CYPRESS City State Zip Code CHATHAM IL 62629 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 751.24			Date of Receipt M M / D D / Y Y Y Y 12 24 2003 Transaction ID: SA11A1.32710 Amount of Each Receipt this Period 53.68

SUBTOTAL of Receipts This Page (optional) 109.82

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. NEFERTITI SMITH		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 2013 S. 16TH AVENUE		Transaction ID: SA11A1.32739
City BROADVIEW	State IL	Zip Code 60155
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.10
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 677.30	
Full Name (Last, First, Middle Initial) B. Christopher Smucka		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 1821 Clearview Drive		Transaction ID: SA11A1.33714
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 44.60
Name of Employer AFSCME IL CN 31	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 578.08	
Full Name (Last, First, Middle Initial) C. SHARON SOBER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 212 5TH STREET		Transaction ID: SA11A1.34974
City CATAWISSA	State PA	Zip Code 17820
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.68	

SUBTOTAL of Receipts This Page (optional) **154.92**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DARRIN SPANN		Date of Receipt M / D / Y 12 / 17 / 2003	
Mailing Address 813D Springford Drive		Transaction ID: SA11A1.34997	
City Harrisburg	State PA	Zip Code 17111	Amount of Each Receipt this Period 56.73
FEC ID number of contributing federal political committee. C			
Name of Employer PACN 13 AFSCME		Occupation Aggregate Year-to-Date ▼ 527.02	
Receipt For: Primary General Other (specify) ▼			
B. Full Name (Last, First, Middle Initial) LARRY SPIVACK		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 733 S. LOMBARD		Transaction ID: SA11A1.32717	
City OAK PARK	State IL	Zip Code 60304	Amount of Each Receipt this Period 63.88
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31		Occupation COLLECTIVE BARGAINING SUPERVISOR	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 830.44	
C. Full Name (Last, First, Middle Initial) MARIANNE STEGER		Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 293D WOODSON DRIVE		Transaction ID: SA11A1.35185	
City HILLIARD	State OH	Zip Code 43028	Amount of Each Receipt this Period 45.78
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH LOC 11		Occupation DIRECTOR OF ADMINISTRATIVE SERVICES	
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 595.14	

SUBTOTAL of Receipts This Page (optional) 166.39

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) KATHY A. STEICHEN		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 830 W. 18TH STREET 3RD FL		Transaction ID: SA11A1.33704	
City CHICAGO	State IL	Zip Code 60608	Amount of Each Receipt this Period 39.90
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation PROJECT STAFF ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 506.34		
B. Full Name (Last, First, Middle Initial) SUSAN J. STEWART		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 3	
Mailing Address 206 WARRINGTON ROAD		Transaction ID: SA11A1.35477	
City TOLEDO	State OH	Zip Code 43612	Amount of Each Receipt this Period 31.16
FEC ID number of contributing federal political committee. C			
Name of Employer OH CN 8	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 435.23		
C. Full Name (Last, First, Middle Initial) Steven Stokes		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 1249 W. Chase		Transaction ID: SA11A1.33709	
City Chicago	State IL	Zip Code 60628	Amount of Each Receipt this Period 37.84
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 474.54		

SUBTOTAL of Receipts This Page (optional) 108.90

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. WILLIAM STOUFFER		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 29B - 2ND STREET		Transaction ID: SA11A1.34951
City NORTH IRWIN	State PA	Zip Code 15642
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 628.66	
Full Name (Last, First, Middle Initial) B. CHUCK STOUT		Date of Receipt M / D / Y 12 / 24 / 2003
Mailing Address 2208 Westchester Blvd		Transaction ID: SA11A1.33706
City Springfield	State IL	Zip Code 62704
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.62
Name of Employer AFSCME IL CN 31	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 554.08	
Full Name (Last, First, Middle Initial) C. JAMES TAIT		Date of Receipt M / D / Y 12 / 17 / 2003
Mailing Address 119 HELLS KITCHEN COURT		Transaction ID: SA11A1.34980
City DRUMS	State PA	Zip Code 18222
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 58.22
Name of Employer AFSCME PA CN 13	Occupation REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 656.88	

SUBTOTAL of Receipts This Page (optional) ► **159.08**

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MARY THEUER Mailing Address 132B E. 9th Street City State Zip Code Duluth MN 55805-1609 FEC ID number of contributing federal political committee. C Name of Employer MN ARROWHEAD DISTRICT CN 98 Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y 12 22 2003 Transaction ID: SA11A1.35079 Amount of Each Receipt this Period 0.00
B. Full Name (Last, First, Middle Initial) MARY THEUER Mailing Address 132B E. 9th Street City State Zip Code Duluth MN 55805-1609 FEC ID number of contributing federal political committee. C Name of Employer MN ARROWHEAD DISTRICT CN 98 Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 12 23 2003 Transaction ID: SA11A1.35080 Amount of Each Receipt this Period 50.00
C. Full Name (Last, First, Middle Initial) BETTY A. THOMAS Mailing Address 2006 FAYCREST DRIVE City State Zip Code CINCINNATI OH 45238 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 501.73		Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35479 Amount of Each Receipt this Period 38.86

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

A. Full Name (Last, First, Middle Initial) MICHAEL L. THOMAS			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 2035 GREAT BROOK DRIVE			Transaction ID: SA11A1.35480	
City	State	Zip Code	Amount of Each Receipt this Period	
COLUMBUS	OH	43223-6205	42.08	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OH CN 8		Occupation RESEARCH MANAGER		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 543.39		
B. Full Name (Last, First, Middle Initial) PATRICK S. THOMASSON			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 1347 MAROT DRIVE			Transaction ID: SA11A1.35481	
City	State	Zip Code	Amount of Each Receipt this Period	
TROTWOOD	OH	45427	53.30	
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 ▼ 685.29		
C. Full Name (Last, First, Middle Initial) LYNN G. THOMASSON, SR.			Date of Receipt M / D / Y 12 / 08 / 2003	
Mailing Address 5079 ALTRIM ROAD			Transaction ID: SA11A1.35482	
City	State	Zip Code	Amount of Each Receipt this Period	
DAYTON	OH	45418-2015	55.08	
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 ▼ 711.25		

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT L. THOMPSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 927 GIBBS AVENUE NE		Transaction ID: SA11A1.35483	
City CANTON	State OH	Zip Code 44705-1074	Amount of Each Receipt this Period 75.30
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 ▼ 872.30		
B. Full Name (Last, First, Middle Initial) JOHN THORSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 555 SELBY AVENUE		Transaction ID: SA11A1.35118	
City ST. PAUL	State MN	Zip Code 55102	Amount of Each Receipt this Period 52.94
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME MN CN 14	Occupation POLITICAL ACTION REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 632.58		
C. Full Name (Last, First, Middle Initial) LEIGH TOMLINSON		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address 9743 VERMONTVILLE HWY.		Transaction ID: SA11A1.35039	
City DIMONDALE	State MI	Zip Code 48821	Amount of Each Receipt this Period 32.51
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 ▼ 694.61		

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. LEIGHTOMLINSON		Date of Receipt M / D / Y 12 / 22 / 2003
Mailing Address 9743 VERMONTVILLE HWY.		Transaction ID: SA11A1.35072
City DIMONDALE	State MI	Zip Code 48821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 32.51
Name of Employer AFSCME MI CN 25	Occupation ACCTG. / HUMAN RESOURCE DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 727.12	
Full Name (Last, First, Middle Initial) B. DAVID K. TRASK, JR.		Date of Receipt M / D / Y 12 / 18 / 2003
Mailing Address 2271 AULI STREET		Transaction ID: SA11A1.35415
City HONOLULU	State HI	Zip Code 96817-1530
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME HI LOCAL 152	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. GEORGE R. TUCKER		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 13925 SYLVANIA AVENUE		Transaction ID: SA11A1.35484
City BERKEY	State OH	Zip Code 43504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.30
Name of Employer AFSCME OH CN 8	Occupation REGIONAL DIRECTOR	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 972.30	

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ROBERT M TURNER		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 128B WAYCROSS ROAD		Transaction ID: SA11A1.35485	
City FOREST PARK	State OH	Zip Code 45240	Amount of Each Receipt this Period 75.30
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 ▼ 872.30		
B. Full Name (Last, First, Middle Initial) CHERYL TYLER-FOLSON		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 2331 FRANKLIN AVENUE		Transaction ID: SA11A1.35486	
City TOLEDO	State OH	Zip Code 43620-1406	Amount of Each Receipt this Period 55.08
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 ▼ 711.25		
C. Full Name (Last, First, Middle Initial) GERALD UGLAND		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003	
Mailing Address P.O. Box 370		Transaction ID: SA11A1.35545	
City Manitowoc	State WI	Zip Code 54221-0370	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

SUBTOTAL of Receipts This Page (optional) 150.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. GERALD UGLAND		Date of Receipt M / D / Y 12 / 23 / 2003
Mailing Address P.O. Box 370		Transaction ID: SA11A1.35312
City Manitowoc	State WI	Zip Code 54221-0370
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer AFSCME WI CN 40	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) B. BARBARA SUWEKOLANI		Date of Receipt M / D / Y 12 / 18 / 2003
Mailing Address 888 Milani Street, Suite 601		Transaction ID: SA11A1.35418
City Honolulu	State HI	Zip Code 96813-2891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer HGEAHI LOC 152	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) C. KAREN VALENTINE		Date of Receipt M / D / Y 12 / 08 / 2003
Mailing Address 154 STONEY DRIVE		Transaction ID: SA11A1.32898
City DOVER	State DE	Zip Code 19504
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 46.28
Name of Employer AFSCME DE CN 81	Occupation STAFF REPRESENTATIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 558.50	

SUBTOTAL of Receipts This Page (optional) **96.28**

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) WILLIAM J. VAN ZANDT			Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 891 REGAL DRIVE			Transaction ID: SA11A1.35487	
City	State	Zip Code	Amount of Each Receipt this Period	
AUSTINTOWN	OH	44515-4364	79.16	
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 ▼ 1010.90		
B. Full Name (Last, First, Middle Initial) CARL WARNER			Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address 8243 HILLIARD			Transaction ID: SA11A1.35041	
City	State	Zip Code	Amount of Each Receipt this Period	
LANSING	MI	48911	16.95	
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 ▼ 330.10		
C. Full Name (Last, First, Middle Initial) CARL WARNER			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003	
Mailing Address 8243 HILLIARD			Transaction ID: SA11A1.35073	
City	State	Zip Code	Amount of Each Receipt this Period	
LANSING	MI	48911	16.95	
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 ▼ 347.05		

SUBTOTAL of Receipts This Page (optional) ▶

113.08

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

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI- ED	
A. LARRY E. WATKINS Full Name (Last, First, Middle Initial) Mailing Address P. O. BOX 793 City State Zip Code MIDDLETOWN OH 45042-0793 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 711.25	Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35488 Amount of Each Receipt this Period 55.08
B. JOSEPH WEIDNER Full Name (Last, First, Middle Initial) 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 634.91	Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35489 Amount of Each Receipt this Period 49.56
C. NORMAN L WERNET Full Name (Last, First, Middle Initial) Mailing Address 2585 BEXLEY PARK ROAD City State Zip Code BEXLEY OH 43209-2128 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH CN 8 Occupation ORGANIZING PROGRAM COORDINATOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 853.80	Date of Receipt M M / D D / Y Y Y Y 12 08 2003 Transaction ID: SA11A1.35490 Amount of Each Receipt this Period 68.12
SUBTOTAL of Receipts This Page (optional) ► 170.76	
TOTAL This Period (last page this line number only) ►	

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) RANDY WESTON			Date of Receipt M M / D D / Y Y Y Y 12 / 15 / 2003	
Mailing Address 1495 IRVIN - SHOOT'S ROAD			Transaction ID: SA11A1.35193	
City	State	Zip Code	Amount of Each Receipt this Period	
MORRAL	OH	43337	64.62	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OHIO UNITED		Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 705.80		
B. Full Name (Last, First, Middle Initial) RANDY WESTON			Date of Receipt M M / D D / Y Y Y Y 12 / 30 / 2003	
Mailing Address 1495 IRVIN - SHOOT'S ROAD			Transaction ID: SA11A1.35198	
City	State	Zip Code	Amount of Each Receipt this Period	
MORRAL	OH	43337	60.66	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME OHIO UNITED		Occupation ASSOCIATE DIRECTOR		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 768.48		
C. Full Name (Last, First, Middle Initial) DAVID WHITE			Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2003	
Mailing Address 245B1 LINCOLN TERRACE DR. #3D1			Transaction ID: SA11A1.35543	
City	State	Zip Code	Amount of Each Receipt this Period	
OAK PARK	MI	48237	15.00	
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 ▼ 225.00		

SUBTOTAL of Receipts This Page (optional) ▶

140.28

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DAVID WHITE Mailing Address 24561 LINCOLN TERRACE DR. #3D1 City OAK PARK State MI Zip Code 48237 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 ▼ 240.00		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003 Transaction ID: SA11A1.35040 Amount of Each Receipt this Period 15.00
B. Full Name (Last, First, Middle Initial) DAVID WHITE Mailing Address 24561 LINCOLN TERRACE DR. #3D1 City OAK PARK State MI Zip Code 48237 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 ▼ 255.00		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003 Transaction ID: SA11A1.35074 Amount of Each Receipt this Period 15.00
C. Full Name (Last, First, Middle Initial) DAVID WHITE Mailing Address 24561 LINCOLN TERRACE DR. #3D1 City OAK PARK State MI Zip Code 48237 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 ▼ 270.00		Date of Receipt M M / D D / Y Y Y Y 12 / 23 / 2003 Transaction ID: SA11A1.35313 Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) 45.00

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DIANE WHITE-HARRIS Mailing Address 1142 WOLF RUN City LANSING State MI Zip Code 48817 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 528.32		Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35042 Amount of Each Receipt this Period 24.73
B. Full Name (Last, First, Middle Initial) DIANE WHITE-HARRIS Mailing Address 1142 WOLF RUN City LANSING State MI Zip Code 48817 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Occupation EXECUTIVE SECRETARY Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 553.05		Date of Receipt M M / D D / Y Y Y Y 12 22 2003 Transaction ID: SA11A1.35076 Amount of Each Receipt this Period 24.73
C. Full Name (Last, First, Middle Initial) ALFRED WHITING Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13 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: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 628.68		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34943 Amount of Each Receipt this Period 58.22

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) GUY WIEDERHOLD Mailing Address 908 LAUREL BOULEVARD City State Zip Code POTTSVILLE PA 17801 FEC ID number of contributing federal political committee. C Name of Employer AFSCME PA CN 13 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 17 2003 Transaction ID: SA11A1.34998 Amount of Each Receipt this Period 87.33
B. Full Name (Last, First, Middle Initial) SAUNDRA WILLIAMS Mailing Address 16218 BRAILE City State Zip Code DETROIT MI 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35043 Amount of Each Receipt this Period 27.89
C. Full Name (Last, First, Middle Initial) SAUNDRA WILLIAMS Mailing Address 16218 BRAILE City State Zip Code DETROIT MI 48219 FEC ID number of contributing federal political committee. C Name of Employer AFSCME MI CN 25 Receipt For: Primary General Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 12 22 2003 Transaction ID: SA11A1.35077 Amount of Each Receipt this Period 27.89

SUBTOTAL of Receipts This Page (optional) 143.11

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) SHIRLEY WILLIAMS			Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 1116 W. MARQUETTE ROAD			Transaction ID: SA11A1.32729	
City	State	Zip Code	Amount of Each Receipt this Period	
CHICAGO	IL	60621	52.10	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME IL CN 31		Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 677.30		
B. Full Name (Last, First, Middle Initial) MICHAEL J. WILSON			Date of Receipt M / D / Y 12 / 01 / 2003	
Mailing Address W8514 THOMPSON ROAD			Transaction ID: SA11A1.35547	
City	State	Zip Code	Amount of Each Receipt this Period	
POYNETTE	WI	53555	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00		
C. Full Name (Last, First, Middle Initial) MICHAEL J. WILSON			Date of Receipt M / D / Y 12 / 23 / 2003	
Mailing Address W8514 THOMPSON ROAD			Transaction ID: SA11A1.35314	
City	State	Zip Code	Amount of Each Receipt this Period	
POYNETTE	WI	53555	20.00	
FEC ID number of contributing federal political committee. C				
Name of Employer AFSCME WI CN 40		Occupation REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00		

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92.10

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) ALLAN WINEY		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address 785 MOUNT AIRY ROAD		Transaction ID: SA11A1.34944	
City LEWISBERRY	State PA	Zip Code 17339	Amount of Each Receipt this Period 97.50
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation ASSISTANT BUSINESS MANAGER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		
B. Full Name (Last, First, Middle Initial) ROY WISE		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address R. D. 1, BOX 567A		Transaction ID: SA11A1.34952	
City EAST FREEDOM	State PA	Zip Code 16637	Amount of Each Receipt this Period 136.74
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1093.92		
C. Full Name (Last, First, Middle Initial) KRISTIE WOLF		Date of Receipt M M / D D / Y Y Y Y 12 / 17 / 2003	
Mailing Address c/o 4031 EXECUTIVE PARK DRIVE PA CN 13		Transaction ID: SA11A1.34981	
City HARRISBURG	State PA	Zip Code 17111-1599	Amount of Each Receipt this Period 58.22
FEC ID number of contributing federal political committee. C			
Name of Employer AFCSME PA CN 13	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 696.88		

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292.48

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) STEPHEN WOLFE		Date of Receipt M M / D D / Y Y Y Y 12 / 08 / 2003	
Mailing Address 885 WALLACE DRIVE		Transaction ID: SA11A1.35492	
City DELAWARE	State OH	Zip Code 43015	Amount of Each Receipt this Period 55.08
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OH CN 8	Occupation FIELD ORGANIZER		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 714.23		
B. Full Name (Last, First, Middle Initial) ARTHUR WOOD		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2003	
Mailing Address 780 FAIRWOOD		Transaction ID: SA11A1.35044	
City INKSTER	State MI	Zip Code 48141	Amount of Each Receipt this Period 24.11
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 ▼ 313.43		
C. Full Name (Last, First, Middle Initial) ARTHUR WOOD		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2003	
Mailing Address 780 FAIRWOOD		Transaction ID: SA11A1.35078	
City INKSTER	State MI	Zip Code 48141	Amount of Each Receipt this Period 24.11
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 ▼ 337.54		

SUBTOTAL of Receipts This Page (optional) 103.30

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DOUGLAS WOODSON Mailing Address 108 ELGIN, APT. 1 City State Zip Code FOREST PARK IL 60130 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation ORGANIZER Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 636.20			Date of Receipt M M / D D / Y Y Y Y 12 24 2003 Transaction ID: SA11A1.33696 Amount of Each Receipt this Period 48.70
B. Full Name (Last, First, Middle Initial) PETER WIRAY Mailing Address 4374 STINSON DRIVE W. City State Zip Code COLUMBUS OH 43214 FEC ID number of contributing federal political committee. C Name of Employer AFSCME OH LOC 11 Occupation COMMUNICATIONS DIRECTOR Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 494.78			Date of Receipt M M / D D / Y Y Y Y 12 03 2003 Transaction ID: SA11A1.35187 Amount of Each Receipt this Period 38.06
C. Full Name (Last, First, Middle Initial) JERRY WRIGHT Mailing Address 20235 E. 1280 N ROAD City State Zip Code DANVILLE IL 61832 FEC ID number of contributing federal political committee. C Name of Employer AFSCME IL CN 31 Occupation STAFF REPRESENTATIVE Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.20			Date of Receipt M M / D D / Y Y Y Y 12 24 2003 Transaction ID: SA11A1.32854 Amount of Each Receipt this Period 52.10

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) BRUCE WYNGAARD		Date of Receipt M / D / Y 12 / 03 / 2003	
Mailing Address 131D HUNTER AVENUE		Transaction ID: SA11A1.35188	
City COLUMBUS	State OH	Zip Code 43201	Amount of Each Receipt this Period 53.58
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME OHIO UNITED	Occupation OPERATIONS DIRECTOR		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 696.54		
B. Full Name (Last, First, Middle Initial) WAYNE J. YAMASAKI		Date of Receipt M / D / Y 12 / 19 / 2003	
Mailing Address 1185 KAELEKU STREET		Transaction ID: SA11A1.35418	
City HONOLULU	State HI	Zip Code 96825-3007	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME HI LOCAL 152	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		
C. Full Name (Last, First, Middle Initial) PEGGY LEE ZIMMERMAN		Date of Receipt M / D / Y 12 / 24 / 2003	
Mailing Address 197 BLAIR AVENUE		Transaction ID: SA11A1.32708	
City COTTAGE HILLS	State IL	Zip Code 62018	Amount of Each Receipt this Period 58.68
FEC ID number of contributing federal political committee. C			
Name of Employer AFSCME IL CN 31	Occupation STAFF REPRESENTATIVE		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 712.58		

SUBTOTAL of Receipts This Page (optional) ► 150.24

TOTAL This Period (last page this line number only) ► 19564.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY		Date of Receipt M / D / Y 12 / 11 / 2003
Mailing Address PD BOX 2882 CHURCH STREET STATION		Transaction ID: SA12.31794
City NEW YORK	State NY	Zip Code 10007
FEC ID number of contributing federal political committee. C C00149211		Amount of Each Receipt this Period 37847.99
Name of Employer	Occupation	Political Contributions
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 521436.42	

Full Name (Last, First, Middle Initial) B. DISTRICT COUNCIL 37, AFSCME PUBLIC EMPLOYEES ORGANIZED FOR POL & LEG EQUALITY		Date of Receipt M / D / Y 12 / 11 / 2003
Mailing Address PD BOX 2882 CHURCH STREET STATION		Transaction ID: SA12.31795
City NEW YORK	State NY	Zip Code 10007
FEC ID number of contributing federal political committee. C C00149211		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Political Contributions
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 523438.42	

SUBTOTAL of Receipts This Page (optional) ▶

39847.99

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

39847.99

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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			☒ 17

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)		Date of Receipt
A. AMALGAMATED BANK (SAVINGS)		M / M / Y Y Y Y
Mailing Address 11-15 UNION SQUARE WEST		12 / 31 / 2003
City	State	Zip Code
NEW YORK	NY	10003
FEC ID number of contributing federal political committee.		Transaction ID: SA17.35571
C		Amount of Each Receipt this Period
		406.92
Name of Employer	Occupation	Interest 12/03
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	5398.11	

SUBTOTAL of Receipts This Page (optional) ►

406.92

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

406.92

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK (SAVINGS)

Mailing Address 11-15 UNION SQUARE WEST

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
Service charges 12/03

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For:
Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.35586

Date of Disbursement

12 / 30 / 2003

Amount of Each Disbursement this Period

414.80

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (AZ)

Candidate Name

HOWARD DEAN - ARIZONA PRIMARY

Office Sought: House
Senate
X President

State: AZ District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.31549

Date of Disbursement

12 / 29 / 2003

Amount of Each Disbursement this Period

60.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Wire fee (SC)

Candidate Name

HOWARD DEAN - SOUTH CAROLINA PRIMARY

Office Sought: House
Senate
X President

State: SC District

Disbursement For: 2004
X Primary General
Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.32616

Date of Disbursement

12 / 29 / 2003

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional) ▶

484.80

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (SC)

Candidate Name
HOWARD DEAN - SOUTH CAROLINA PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
 Other (specify) ▼

State: SC ☒ President
 District

Transaction ID: SB21B.32618

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

128.50

001

Category/
Type

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (SC)

Candidate Name
HOWARD DEAN - SOUTH CAROLINA PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
 Other (specify) ▼

State: SC ☒ President
 District

Transaction ID: SB21B.32619

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

60.50

001

Category/
Type

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (MO)

Candidate Name
HOWARD DEAN - MISSOURI PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
 Other (specify) ▼

State: MO ☒ President
 District

Transaction ID: SB21B.32635

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

78.50

001

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

267.50

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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (IA)

Candidate Name
HOWARD DEAN - IOWA PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
Other (specify) ▼

State: IA ☒ President District

Transaction ID: SB21B.35577

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

25.50

001

Category/
Type

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Wire fee (MI)

Candidate Name
HOWARD DEAN - MICHIGAN PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
Other (specify) ▼

State: MI ☒ President District

Transaction ID: SB21B.35579

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

12.00

001

Category/
Type

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (NV)

Candidate Name
HOWARD DEAN - NEVADA PRIMARY

Office Sought: House Senate Disbursement For: 2004
☒ Primary General
Other (specify) ▼

State: NV ☒ President District

Transaction ID: SB21B.35582

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

78.50

001

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

116.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (NV)

Candidate Name
HOWARD DEAN - NEVADA PRIMARY

Office Sought: House Senate Disbursement For: 2004
X Primary General
X President Other (specify) ▼

State: NV District

Transaction ID: SB21B.35583

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

25.50

001
Category/
Type

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Wire fee (NM)

Candidate Name
HOWARD DEAN - NEW MEXICO PRIMARY

Office Sought: House Senate Disbursement For: 2004
X Primary General
X President Other (specify) ▼

State: NM District

Transaction ID: SB21B.35583

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

10.00

001
Category/
Type

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Check order (NM)

Candidate Name
HOWARD DEAN - NEW MEXICO PRIMARY

Office Sought: House Senate Disbursement For: 2004
X Primary General
X President Other (specify) ▼

State: NM District

Transaction ID: SB21B.35590

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

78.50

001
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

114.00

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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA-DC

Mailing Address 1801 K Street, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Service charge 12/03

Candidate Name
HOWARD DEAN - NEW MEXICO PRIMARY

Office Sought: House Senate Disbursement For: 2004
X Primary General
X President Other (specify) ▼

State: NM District

001
Category/
Type

Transaction ID: SB21B.35581

Date of Disbursement

12 / 31 / 2003

Amount of Each Disbursement this Period

5.75

Full Name (Last, First, Middle Initial)

B. BART GROUP

Mailing Address 160 Main Street

City Port Washington State NY Zip Code 11050

Purpose of Disbursement
Service charges 12/03

Candidate Name

Office Sought: House Senate Disbursement For:
President Primary General
State: District Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.35567

Date of Disbursement

12 / 19 / 2003

Amount of Each Disbursement this Period

282.75

Full Name (Last, First, Middle Initial)

C. RIGGS NATIONAL BANK

Mailing Address LINCOLN OFFICE

City WASHINGTON State DC Zip Code 20074-8758

Purpose of Disbursement
Service charges 12/03

Candidate Name

Office Sought: House Senate Disbursement For:
President Primary General
State: District Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.35568

Date of Disbursement

12 / 03 / 2003

Amount of Each Disbursement this Period

1.00

SUBTOTAL of Disbursements This Page (optional) ▶

289.50

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. RIGGS NATIONAL BANK

Mailing Address LINCOLN OFFICE

City
WASHINGTON

State
DC

Zip Code
20074-6758

Purpose of Disbursement
Service charges 12/03

Candidate Name

Office Sought: House
Senate
President

Disbursement For:
Primary General
Other (specify) ▼

State: District

Transaction ID: SB21B.35589

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

0.57

001

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

0.57

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

1272.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. AMALGAMATED BANK- NonFederal Account

Mailing Address 11-15 UNION SQUARE WEST

City NEW YORK, State NY Zip Code 10003

Purpose of Disbursement
Transfers to Affiliated Committee

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For:
Primary General
Other (specify) ▼

008
Category/
Type

Transaction ID: SB22.36557

Date of Disbursement

12 / 22 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. ALASKA DEMOCRATIC PARTY FEDERAL ACCOUNT

Mailing Address 1441 W. NORTHERN LIGHTS, SUITE C

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31572

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. ANDREWS FOR CONGRESS

Mailing Address 215 Fourth Avenue, Suite 200

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: X House Senate President
Disbursement For: 2004 Primary General
X Other (specify) ▼

State: NJ District: D1

011
Category/
Type

Transaction ID: SB23.31529

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Blue Dog PAC

Mailing Address P.O. Box 7688

City Washington State DC Zip Code 20044

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31540

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)
A. BOSWELL FOR CONGRESS

Mailing Address P.O. Box 35398

City State Zip Code
Des Moines IA 50315

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: IA District: 3

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.3151B

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. CALIFORNIA DEMOCRATIC PARTY-FED ACCT

Mailing Address 1401 21ST STREET, STE 100

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31571

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. CHANDLER FOR CONGRESS

Mailing Address P.O. Box 12878

City State Zip Code
Lexington KY 40583-2878

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: ☒ House
Senate
President

State: KY District: 06

Disbursement For: 2003
Primary General
Other (specify) ▼
Special-Primary

011
Category/
Type

Transaction ID: SB23.31503

Date of Disbursement

12 / 12 / 2003

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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☐ 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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. CHRIS JOHN FOR CONGRESS COMMITTEE INC

Mailing Address P. O. BOX 971

City State Zip Code
CROWLEY LA 70527

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2004
☒ Primary ☐ General
Other (specify) ▼

State: LA District: D7

011
Category/
Type

Transaction ID: SB23.31524

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Christopher Bell for US Congress Committee

Mailing Address 6524 San Felipe PMB 441

City State Zip Code
Houston TX 77057

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2004
☒ Primary ☐ General
Other (specify) ▼

State: TX District: 25

011
Category/
Type

Transaction ID: SB23.31538

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR ARLEN SPECTER

Mailing Address 300 I STREET NE SUITE 100B

City State Zip Code
WASHINGTON DC 20002

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2004
☐ Primary ☒ General
Other (specify) ▼

State: PA District: 00

011
Category/
Type

Transaction ID: SB23.35559

Date of Disbursement

12 / 09 / 2003

Amount of Each Disbursement this Period

-2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. CITIZENS FOR ARLEN SPECTER

Mailing Address 900 I STREET NE SUITE 100B

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: House Disbursement For: 2004
☒ Senate ☒ Primary General
 President
 State: PA District: D0 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.3558D

Date of Disbursement

12 / 09 / 2003

Amount of Each Disbursement this Period

-3000.00

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR WATERS

Mailing Address 555 SOUTH FLOWER STREET SUITE 4510

City LOS ANGELES State CA Zip Code 90071

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House Disbursement For: 2004
☐ Senate ☒ Primary General
 President
 State: CA District: 35 Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31511

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. COLORADO DEMOCRATIC PARTY-FED ACCT

Mailing Address 777 Santa Fe Drive

City Denver State CO Zip Code 80204

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Disbursement For: 2003
☐ Senate ☐ Primary General
 President ☒ Other (specify) ▼
 State: District

011
Category/
Type

Transaction ID: SB23.31570

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 2727 29TH STREET NW APT. 732

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

Transaction ID: SB23.31543

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE FOR A PROGRESSIVE CONGRESS INC

Mailing Address 2201 WISCONSIN AVE NW SUITE 320
SUITE 320

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

Transaction ID: SB23.31542

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. CONNECTICUT DEMOCRATIC PARTY

Mailing Address 380 FRANKLIN AVENUE

City HARTFORD State CT Zip Code 06114

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

Transaction ID: SB23.31566

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. DAVID SCOTT FOR CONGRESS

Mailing Address 225 PEACHTREE STREET, NE

City ATLANTA State GA Zip Code 30303

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: GA District: 13

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31514

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DEMOCRATIC PARTY OF ILLINOIS

Mailing Address PO BOX 518

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31564

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATIC PARTY OF NEW MEXICO-FED ACCT

Mailing Address 5317 MENAUL NE

City ALBUQUERQUE State NM Zip Code 87110

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31547

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

Full Name (Last, First, Middle Initial)

A. FATTAH FOR CONGRESS

Mailing Address 1800 JFK BLVD. 5TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: PA District: D2

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31536

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FLORIDA DEMOCRATIC PARTY

Mailing Address P. O. BOX 1758

City TALLAHASSEE State FL Zip Code 32302

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31565

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 LINDEN ROAD
P O BOX 190

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: NY District: 04

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31522

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CONGRESSMAN HOLDEN

Mailing Address PO BOX 37
PO BOX 37

City SAINT CLAIR State PA Zip Code 17970

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: PA District: 17

Disbursement For: 2004
Primary ☒ General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31537

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Friends of Farr

Mailing Address 555 Capitol Mall
Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: CA District: 17

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31507

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JON JENNINGS COMMITTEE

Mailing Address PO BOX 3155

City EVANSVILLE State IN Zip Code 47731

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: IN District: 08

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31575

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF TIM JOHNSON

Mailing Address PO Box 17097

City Urbana State IL Zip Code 61820

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: IL District: 15

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31523

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Herseth for Congress

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57006

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: ☒ House
Senate
President

State: SD District: 00

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31574

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Herseth for Congress

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57006

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: SD District: 00

Disbursement For: 2004
Primary General
Other (specify) ▼

Special-Primary

011
Category/
Type

Transaction ID: SB23.31579

Date of Disbursement

12 / 19 / 2003

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)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. IOWA DEMOCRATIC PARTY - Fed Acct

Mailing Address 5661 FLEUR DRIVE

City DES MOINES State IA Zip Code 50321

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31562

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JIM SULLIVAN FOR CONGRESS

Mailing Address P.O. BOX 2002

City NORWICH State CT Zip Code 06360

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: X House Senate President
Disbursement For: 2004 Primary General
X Other (specify) ▼

State: CT District 02

011
Category/
Type

Transaction ID: SB23.31560

Date of Disbursement

12 / 19 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JUANITA MILLENDER-MCDONALD FOR CONGRESS

Mailing Address 555 CAPITOL MALL SUITE 1425

City SACRAMENTO State CA Zip Code 95814

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: X House Senate President
Disbursement For: 2004 Primary General
X Other (specify) ▼

State: CA District 37

011
Category/
Type

Transaction ID: SB23.31512

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ►

8000.00

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

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Lofgren for Congress

Mailing Address 50 W. San Fernando
Suite 350

City State Zip Code
San Jose CA 95113

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: CA District: 16

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31506

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Marion Berry for Congress

Mailing Address P.O. Box 8084

City State Zip Code
Jonesboro AR 72403

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: AR District: 1

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31505

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MARYLAND DEMOCRATIC PARTY- Fed Acct

Mailing Address 188 MAIN STREET SUITE 1

City State Zip Code
ANNAPOLIS MD 21401

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31559

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Massachusetts Democratic Party - Federal Acct

Mailing Address 10 Granite Street, 4th Floor

City Quincy State MA Zip Code 02169

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

Transaction ID: SB23.31561

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MIKE MCINTYRE FOR CONGRESS

Mailing Address PO BOX 1

City LUMBERTON State NC Zip Code 28358

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: X House Senate President
Disbursement For: 2004 Primary General
X Other (specify) ▼

State: NC District 07

Transaction ID: SB23.31533

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MINNESOTA DEMOCRATIC PARTY-Fed Acct

Mailing Address 255 East Plato Blvd

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

Transaction ID: SB23.31556

Date of Disbursement

12 / 17 / 2003

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)
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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. MISSOURI DEMOCRATIC PARTY-FED ACCT

Mailing Address P.O. BOX 719

City Jefferson City State MO Zip Code 65102

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31555

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. MONTANA DEMOCRATIC PARTY-Federal Acct

Mailing Address P.O. Box 802

City Helena State MT Zip Code 59624

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31552

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NATIONAL STONEWALL DEMOCRATS

Mailing Address PO BOX 9330

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31539

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NEVADA DEMOCRATIC PARTY-FED ACCT

Mailing Address 1785 EAST SAHRA AVENUE, SUITE 406

City LAS VEGAS State NV Zip Code 89104

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31567

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. NEW HAMPSHIRE DEMOCRATIC PARTY - FED ACCT

Mailing Address 43 CENTRE ST

City CONCORD State NH Zip Code 03301

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31549

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. NEW JERSEY DEMOCRATIC PARTY

Mailing Address 150 WEST STATE STREET

City TRENTON State NJ Zip Code 08608

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31568

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

14000.00

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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(check only one)

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☐ 27	☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. NORTH CAROLINA DEMOCRATIC PARTY - FED ACCT

Mailing Address 220 Hillsborough Street

City Raleigh State NC Zip Code 27603

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.3155D

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. OBAMA FOR ILLINOIS INC

Mailing Address PO BOX 802799

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: House Senate President
X Senate
Disbursement For: 2004 Primary General
X Other (specify) ▼

State: IL District 00

011
Category/
Type

Transaction ID: SB23.31734

Date of Disbursement

12 / 29 / 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. OHIO DEMOCRATIC PARTY - FED ACCT

Mailing Address 271 EAST STATE STREET

City COLUMBUS State OH Zip Code 43215

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: House Senate President
Disbursement For: 2003 Primary General
X Other (specify) ▼

State: District

011
Category/
Type

Transaction ID: SB23.31546

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

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

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(check only one)

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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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCH

State
NJ

Zip Code
07740

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☒ House
Senate
President

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

State: NJ District: D6

Transaction ID: SB23.31532

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PRIORITY PAC

Mailing Address 227 Massachusetts Avenue, NE
Suite 101

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

011
Category/
Type

Office Sought: House
Senate
President

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

State: District

Transaction ID: SB23.31577

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SCHIFF FOR CONGRESS

Mailing Address 725 S. Figueroa St. Ste. 3200

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
Political Contributions

Candidate Name

011
Category/
Type

Office Sought: ☒ House
Senate
President

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

State: CA District: 29

Transaction ID: SB23.31508

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. STUPAK FOR CONGRESS

Mailing Address 817 9TH AVENUE
PO BOX 143

City MENOMINEE State MI Zip Code 49858

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: MI District: D1

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31531

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VOINOVICH FOR SENATE COMMITTEE

Mailing Address 865 MACON ALLEY

City COLUMBUS State OH Zip Code 43206

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: OH District: D0

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31534

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. WASHINGTON DEMOCRATIC PARTY

Mailing Address PO BOX 4027

City SEATTLE State WA Zip Code 98104

Purpose of Disbursement
Political Contributions (PAC)

Candidate Name

Office Sought: ☐ House
Senate
President

State: District

Disbursement For: 2003
Primary General
☒ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31545

Date of Disbursement

12 / 17 / 2003

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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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, QUALIFI-
ED

Full Name (Last, First, Middle Initial)

A. WYNN FOR CONGRESS

Mailing Address PO BOX 5323

City
CAPITOL HEIGHTS

State
MD

Zip Code
20515

Purpose of Disbursement
Political Contributions

Candidate Name

Office Sought: ☒ House
Senate
President

State: MD District: D4

Disbursement For: 2004
☒ Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.31526

Date of Disbursement

12 / 16 / 2003

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

156000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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(check only one)

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☐ 27	☒ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. Elk Grove Unified School District

Mailing Address P.O. Box 2762

City
Elk Grove

State
CA

Zip Code
95759-2762

Purpose of Disbursement
Erroneous deductions

Candidate Name

Office Sought: House
Senate
President
State: District

Disbursement For:
Primary General
Other (specify) ▼

010
Category/
Type

Transaction ID: SB28A.31798

Date of Disbursement

12 / 23 / 2003

Amount of Each Disbursement this Period

307.36

SUBTOTAL of Disbursements This Page (optional) ►

307.36

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

307.36

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MARIA ABEYTA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 5920 Canyon Ridge Place, NE			Amount 65.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32459		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			17725.26		

Full Name (Last, First, Middle, Initial) of Payee MARIA ABEYTA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 5920 Canyon Ridge Place, NE			Amount 55.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32474		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			30840.19		

(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 04 / 2003		
Mailing Address P.O. Box 9001006			Amount 278.93		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31636		
Purpose of Expenditure Check Processing (NH)		Category/ Type 001	Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 700.35			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 05 / 2003		
Mailing Address P.O. Box 9001006			Amount 412.86		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31637		
Purpose of Expenditure Payroll Taxes (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 720.92			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	691.79
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M / D / Y
 12 / 05 / 2003

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FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

C 000011114

Date _____

12 / 05 / 2003

Amount

95.59

Transaction ID: SE24 31039

Office Sought: House State: NH
 Senate District: _____
 % Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify):

Date _____

12 10 2003

Amount

29.12

Transaction ID: SE24.31633

Office Sought: House State: IA
 Senate District: _____
 x Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify) :

Calendar Year-To-Date Per Election for Office Sought	5195.18
---	---------

(a) SUBTOTAL of Itemized Independent Expenditures	124.71
--	---------------

(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
---	--------

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address P.O. Box 9001006			Amount 470.66		
City Louisville			Transaction ID: SE24.31656		
State KY			Office Sought: House State: <u>IA</u>		
Zip Code 40290-1006			Senate District: _____		
Purpose of Expenditure Payroll Taxes (IA)			X Presidential		
Category/Type 001			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
16386.57					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address P.O. Box 9001006			Amount 102.21		
City Louisville			Transaction ID: SE24.31659		
State KY			Office Sought: House State: <u>NH</u>		
Zip Code 40290-1006			Senate District: _____		
Purpose of Expenditure Payroll Taxes (NH)			X Presidential		
Category/Type 001			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
5410.07					

(a) SUBTOTAL of Itemized Independent Expenditures	572.87
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 16 / 2003		
Mailing Address P.O. Box 9001006			Amount 32.56		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31634		
Purpose of Expenditure Check Processing (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 17257.22			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 19 / 2003		
Mailing Address P.O. Box 9001006			Amount 583.76		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31678		
Purpose of Expenditure Payroll Taxes (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 17840.98			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	616.32
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M / D / Y
 _____ 12 / 16 / 2003

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 19 / 2003		
Mailing Address P.O. Box 9001006			Amount 182.60		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31860		
Purpose of Expenditure Payroll Taxes (NH)		Category/ Type 001	Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 8561.90			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 19 / 2003		
Mailing Address P.O. Box 9001006			Amount 154.39		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31682		
Purpose of Expenditure Payroll Taxes (NM)		Category/ Type 001	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 28702.19			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures					336.99
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / D / Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 23 / 2003		
Mailing Address P.O. Box 9001006			Amount 39.43		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31797		
Purpose of Expenditure Check Processing (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 85064.19			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 24 / 2003		
Mailing Address P.O. Box 9001006			Amount 171.46		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31800		
Purpose of Expenditure Payroll Taxes (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 85235.65			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	210.89
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M / D / Y

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 24 / 2003		
Mailing Address P.O. Box 9001006			Amount 79.28		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31810		
Purpose of Expenditure Payroll Taxes (NV)		Category/ Type 001	Office Sought: House State: <u>NV</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEVADA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought \$158.55			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 24 / 2003		
Mailing Address P.O. Box 9001006			Amount 44.55		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.31811		
Purpose of Expenditure Payroll Taxes (NH)		Category/ Type 001	Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 24391.17			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures					123.83
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / D / Y 12 / 24 / 2003

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

77.19

Other (specify):

53589 73

-145.95

Other (specify) :

Name of Federal Candidate supported or Opposed by expenditure:
HOWARD DEAN - WISCONSIN PRIMARY

10500 00

-68.76

254.34

K K J L S Y T V

FEC Schedule E (Form 3X) Rev. 02/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 31 / 2003		
Mailing Address P.O. Box 9001006			Amount 561.13		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.32064		
Purpose of Expenditure Payroll Taxes (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 92713.58			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee ADP, Inc.			Date M / D / Y 12 / 31 / 2003		
Mailing Address P.O. Box 9001006			Amount 211.85		
City Louisville	State KY	Zip Code 40290-1006	Transaction ID: SE24.32066		
Purpose of Expenditure Payroll Taxes (NV)		Category/ Type 001	Office Sought: House State: <u>NV</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEVADA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 10562.94			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures					772.98
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / D / Y 12 / 31 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 3060.52	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Travel expenses (IA)				Category/ Type 002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Transaction ID: SE24.31593 Office Sought: House State: <u>IA</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				5166.06 Check One: ☒ Support ☐ Oppose	
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 2764.55	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Travel expenses (MI)				Category/ Type 002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY				Transaction ID: SE24.31594 Office Sought: House State: <u>MI</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				2764.55 Check One: ☒ Support ☐ Oppose	
Disbursement For: X Primary General 2004 Other (specify): _____					
Disbursement For: X Primary General 2004 Other (specify): _____					
(a) SUBTOTAL of Itemized Independent Expenditures				5825.07	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____/_____/_____/_____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 5206.00	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Travel expenses (SC)				Category/ Type 002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY				Transaction ID: SE24.31595 Office Sought: House State: <u>SC</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				5206.00	
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 1941.80	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Staff costs (AZ)				Category/ Type 001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - ARIZONA PRIMARY				Transaction ID: SE24.31596 Office Sought: House State: <u>AZ</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - ARIZONA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				11941.80	
(a) SUBTOTAL of Itemized Independent Expenditures				7147.80	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y J U L Y 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / N / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 18.74		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31597		
Purpose of Expenditure Travel expenses (AZ)		Category/ Type 002	Office Sought: House State: <u>AZ</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - ARIZONA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 11960.54			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / N / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 6715.88		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31598		
Purpose of Expenditure Staff costs (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 11911.06			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures			6734.62		
(b) SUBTOTAL of Unitemized Independent Expenditures			254.34		
(c) TOTAL Independent Expenditures			_____		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M / N / D D / Y Y Y Y _____		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 3974.85	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Travel expenses (IA)				Category/ Type 002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Transaction ID: SE24.31599 Office Sought: House State: <u>IA</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				15885.91	
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 1625 L STREET NW				Amount 5113.53	
City WASHINGTON		State DC		Zip Code 20036	
Purpose of Expenditure Staff costs (MI)				Category/ Type 001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY				Transaction ID: SE24.31600 Office Sought: House State: <u>MI</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				7878.08	
(a) SUBTOTAL of Itemized Independent Expenditures				9088.38	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y J U L Y	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 30.00		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31801		
Purpose of Expenditure Travel expenses (MI)		Category/ Type 002	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 15915.91			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 2987.54		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31602		
Purpose of Expenditure Staff costs (MO)		Category/ Type 001	Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 2987.54			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	3017.54
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / D / Y 12 / 12 / 2003		
Mailing Address 1625 L STREET NW			Amount 88.09		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31803		
Purpose of Expenditure Travel expenses (MO)		Category/ Type	Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			3075.63		
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / D / Y 12 / 12 / 2003		
Mailing Address 1625 L STREET NW			Amount 1578.59		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31605		
Purpose of Expenditure Staff costs (NH)		Category/ Type	Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			5307.86		
(a) SUBTOTAL of Itemized Independent Expenditures					1666.68
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / D / Y 12 / 12 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 1578.59		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31806		
Purpose of Expenditure Staff costs (NM)		Category/ Type	Office Sought: House State: <u>NM</u> Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			17445.26		

Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 4423.62		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31607		
Purpose of Expenditure Staff costs (SC)		Category/ Type	Office Sought: House State: <u>SC</u> Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			9629.62		

(a) SUBTOTAL of Itemized Independent Expenditures	6002.21
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X.

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE QUALIFIED

C 000011114

Full Name (Last, First, Middle, Initial) of Payee

Date _____

Amount

187.50

Transaction ID: SE24.31723

1625 L STREET NW

Office Sought: House State: IA

Senate District:

Presidential _____

X Presidential

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN - IOWA PRIMARY

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Calendar Year-To-Date Per Election	71733.08
for Office Sought	

Full Name (Last, First, Middle, Initial) of Payee

AFSCME INT'L

Date _____

12 30 2003

Amount

5126.51

Transaction ID: SE24.31815

Office Sought: House State: AZ

Senate District:

Presidential

X Presidential

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN - ARIZONA PRIMARY

Disbursement For: ☒ Primary ☐ General 2004

Other (specify) :

Calendar Year-To-Date Per Election for Office Sought	33317.35
---	----------

(a) SUBTOTAL of Itemized Independent Expenditures	5314.01
---	----------------

(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
---	--------

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

E E J L S Y Y Y

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / D / Y 12 / 30 / 2003		
Mailing Address 1625 L STREET NW			Amount 291.30		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31816		
Purpose of Expenditure Travel expenses (AZ)		Category/ Type 002	Office Sought: House State: <u>AZ</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - ARIZONA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 33608.65			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / D / Y 12 / 30 / 2003		
Mailing Address 1625 L STREET NW			Amount 6229.70		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31817		
Purpose of Expenditure Staff costs (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 92119.12			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	6521.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 _____ / _____ / _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / N / D Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 33.33		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31816		
Purpose of Expenditure Travel expenses (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			92152.45		
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M / N / D Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 4666.22		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31816		
Purpose of Expenditure Staff costs (MI)		Category/ Type 001	Office Sought: House State: <u>MI</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			66644.30		
(a) SUBTOTAL of Itemized Independent Expenditures					4699.55
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / N / D Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 191 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 91.42		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31822		
Purpose of Expenditure Travel expenses (MO)		Category/ Type	Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			25822.93		

Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 1131.27		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31823		
Purpose of Expenditure Staff costs (NV)		Category/ Type	Office Sought: House State: <u>NV</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEVADA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			10377.75		

(a) SUBTOTAL of Itemized Independent Expenditures	1222.69
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

3.34

Other (specify):

For Office Sought

1131.27

Other (specify) :

HOWARD DEAN - NEW HAMPSHIRE PRIMARY

25522.44

for Office Sought

1134.61

254.34

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

K K J L S V Y r

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 194 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

AFSCME INT'L

Date

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

Amount

3.34

Transaction ID: SE24.31826

Office Sought: House State: NM
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

1625 L STREET NW

City State Zip Code
 WASHINGTON DC 20036

Purpose of Expenditure Category/
 Travel expenses (NM) Type 002

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN - NEW MEXICO PRIMARY

Calendar Year-To-Date Per Election
 for Office Sought 54754.34

Full Name (Last, First, Middle, Initial) of Payee

AFSCME INT'L

Date

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

Amount

6059.60

Transaction ID: SE24.31829

Office Sought: House State: SC
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

1625 L STREET NW

City State Zip Code
 WASHINGTON DC 20036

Purpose of Expenditure Category/
 Staff costs (SC) Type 001

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN - SOUTH CAROLINA PRIMARY

Calendar Year-To-Date Per Election
 for Office Sought 50689.22

(a) SUBTOTAL of Itemized Independent Expenditures 6062.94

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 195 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 3.34		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31830		
Purpose of Expenditure Travel expenses (SC)		Category/ Type	Office Sought: House State: <u>SC</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			Amount 59692.56		

Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 1131.27		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31831		
Purpose of Expenditure Staff costs (WI)		Category/ Type	Office Sought: House State: <u>WI</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - WISCONSIN PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			Amount 11631.27		

(a) SUBTOTAL of Itemized Independent Expenditures	1134.61
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 198 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee AFSCME INT'L			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1625 L STREET NW			Amount 3.34		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID: SE24.31832		
Purpose of Expenditure Travel expenses (VVI)		Category/ Type	Office Sought: House State: <u>WI</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - WISCONSIN PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
11634.61					
Full Name (Last, First, Middle, Initial) of Payee AFSCME New Mexico Council 18			Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address 3150 Carlisle Blvd. NE Suite 110			Amount 5297.20		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.31621		
Purpose of Expenditure Staff costs (NM)		Category/ Type	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
23022.46					

(a) SUBTOTAL of Itemized Independent Expenditures	5300.54
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

C 000011114

Check if ☐ 24-hour notice ☐ 48-hour notice	Date	
Full Name (Last, First, Middle, Initial) of Payee	M N / D E / Y Y Y	
AFSCME New Mexico Council 18	1 2 / 1 7 / 2 0 0 3	
Mailing Address	Amount	
3150 Carlisle Blvd. NE	2648.60	
Suite 110	Transaction ID: SE24.31827	
City	State	Zip Code
Albuquerque	NM	87110
Purpose of Expenditure	Category/Type	001
Staff costs (NM)		
Name of Federal Candidate supported or Opposed by expenditure:	Office Sought: House State: NM	
HOWARD DEAN - NEW MEXICO PRIMARY	Senate District: _____	
	X Presidential	
	Check One: ☒ Support ☐ Oppose	
	Disbursement For: ☒ Primary ☐ General 2004	
	Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought	25671.06	

Full Name (Last, First, Middle, Initial) of Payee	Date	
RICHARD ALARID	M N / D E / Y Y Y	
Mailing Address	Amount	
408 Desert Cactus Drive SW	100.00	
	Transaction ID: SE24.32389	
City	State	Zip Code
Albuquerque	NM	87121
Purpose of Expenditure	Category/Type	007
Canvassing (NM)		
Name of Federal Candidate supported or Opposed by expenditure:	Office Sought: House State: NM	
HOWARD DEAN - NEW MEXICO PRIMARY	Senate District: _____	
	X Presidential	
	Check One: ☒ Support ☐ Oppose	
	Disbursement For: ☒ Primary ☐ General 2004	
	Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought	17545.26	

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee RICHARD ALARID			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 408 Desert Cactus Drive SW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32406		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: NM Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
17660.26					
Full Name (Last, First, Middle, Initial) of Payee RICHARD ALARID			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 408 Desert Cactus Drive SW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32475		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: NM Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
30955.19					

(a) SUBTOTAL of Itemized Independent Expenditures	230.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 200 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee DAVID ANDERSON				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 13 BAY ROAD RD				Amount 28.80	
City NEWMARKET		State NH		Zip Code 03957-1701	
Purpose of Expenditure Mileage (NH)		Category/ Type		002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31856 Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: ☒ Support ☐ Oppose Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
68937.88					
Full Name (Last, First, Middle, Initial) of Payee DAVID ANDERSON				Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 13 BAY ROAD RD				Amount 75.00	
City NEWMARKET		State NH		Zip Code 03957-1701	
Purpose of Expenditure Wages (NH)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31810 Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: ☒ Support ☐ Oppose Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
80823.36					

(a) SUBTOTAL of Itemized Independent Expenditures	103.80
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
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<table style="width:100%;"> <tr> <td style="width:33%;">Check if</td> <td style="width:33%;">24-hour notice</td> <td style="width:33%;">48-hour notice</td> </tr> <tr> <td colspan="3">Full Name (Last, First, Middle, Initial) of Payee</td> </tr> <tr> <td colspan="3">JOSHUA R ANDERSON</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td colspan="3">743 Supper Rock</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Albuquerque</td> <td>NM</td> <td>87123</td> </tr> <tr> <td>Purpose of Expenditure</td> <td>Category/Type</td> <td></td> </tr> <tr> <td>Postage (NM)</td> <td></td> <td>001</td> </tr> <tr> <td colspan="3">Name of Federal Candidate supported or Opposed by expenditure:</td> </tr> <tr> <td colspan="3">HOWARD DEAN</td> </tr> <tr> <td colspan="2">Calendar Year-To-Date Per Election for Office Sought</td> <td>56863.56</td> </tr> </table>	Check if	24-hour notice	48-hour notice	Full Name (Last, First, Middle, Initial) of Payee			JOSHUA R ANDERSON			Mailing Address			743 Supper Rock			City	State	Zip Code	Albuquerque	NM	87123	Purpose of Expenditure	Category/Type		Postage (NM)		001	Name of Federal Candidate supported or Opposed by expenditure:			HOWARD DEAN			Calendar Year-To-Date Per Election for Office Sought		56863.56	<table style="width:100%;"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>1 2 / 1 6 / 2 0 0 3</td> <td></td> </tr> <tr> <td>Amount</td> <td>3.86</td> </tr> <tr> <td colspan="2">Transaction ID: SE24.32455</td> </tr> <tr> <td>Office Sought:</td> <td>House State: VT</td> </tr> <tr> <td></td> <td>Senate District:</td> </tr> <tr> <td></td> <td>X Presidential</td> </tr> <tr> <td>Check One:</td> <td>X Support Oppose</td> </tr> <tr> <td colspan="2">Disbursement For: X Primary General 2004</td> </tr> <tr> <td colspan="2">Other (specify):</td> </tr> </table>	Date		M M / D D / Y Y Y Y		1 2 / 1 6 / 2 0 0 3		Amount	3.86	Transaction ID: SE24.32455		Office Sought:	House State: VT		Senate District:		X Presidential	Check One:	X Support Oppose	Disbursement For: X Primary General 2004		Other (specify):	
Check if	24-hour notice	48-hour notice																																																									
Full Name (Last, First, Middle, Initial) of Payee																																																											
JOSHUA R ANDERSON																																																											
Mailing Address																																																											
743 Supper Rock																																																											
City	State	Zip Code																																																									
Albuquerque	NM	87123																																																									
Purpose of Expenditure	Category/Type																																																										
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Name of Federal Candidate supported or Opposed by expenditure:																																																											
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Calendar Year-To-Date Per Election for Office Sought		56863.56																																																									
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Office Sought:	House State: VT																																																										
	Senate District:																																																										
	X Presidential																																																										
Check One:	X Support Oppose																																																										
Disbursement For: X Primary General 2004																																																											
Other (specify):																																																											

<table style="width:100%;"> <tr> <td colspan="3">Full Name (Last, First, Middle, Initial) of Payee</td> </tr> <tr> <td colspan="3">JOSHUA R ANDERSON</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td colspan="3">743 Supper Rock</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Albuquerque</td> <td>NM</td> <td>87123</td> </tr> <tr> <td>Purpose of Expenditure</td> <td>Category/Type</td> <td></td> </tr> <tr> <td>Canvassing (NM)</td> <td></td> <td>007</td> </tr> <tr> <td colspan="3">Name of Federal Candidate supported or Opposed by expenditure:</td> </tr> <tr> <td colspan="3">HOWARD DEAN</td> </tr> <tr> <td colspan="2">Calendar Year-To-Date Per Election for Office Sought</td> <td>56892.40</td> </tr> </table>	Full Name (Last, First, Middle, Initial) of Payee			JOSHUA R ANDERSON			Mailing Address			743 Supper Rock			City	State	Zip Code	Albuquerque	NM	87123	Purpose of Expenditure	Category/Type		Canvassing (NM)		007	Name of Federal Candidate supported or Opposed by expenditure:			HOWARD DEAN			Calendar Year-To-Date Per Election for Office Sought		56892.40	<table style="width:100%;"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td></td> </tr> <tr> <td>1 2 / 1 6 / 2 0 0 3</td> <td></td> </tr> <tr> <td>Amount</td> <td>28.84</td> </tr> <tr> <td colspan="2">Transaction ID: SE24.32456</td> </tr> <tr> <td>Office Sought:</td> <td>House State: VT</td> </tr> <tr> <td></td> <td>Senate District:</td> </tr> <tr> <td></td> <td>X Presidential</td> </tr> <tr> <td>Check One:</td> <td>X Support Oppose</td> </tr> <tr> <td colspan="2">Disbursement For: X Primary General 2004</td> </tr> <tr> <td colspan="2">Other (specify):</td> </tr> </table>	Date		M M / D D / Y Y Y Y		1 2 / 1 6 / 2 0 0 3		Amount	28.84	Transaction ID: SE24.32456		Office Sought:	House State: VT		Senate District:		X Presidential	Check One:	X Support Oppose	Disbursement For: X Primary General 2004		Other (specify):	
Full Name (Last, First, Middle, Initial) of Payee																																																								
JOSHUA R ANDERSON																																																								
Mailing Address																																																								
743 Supper Rock																																																								
City	State	Zip Code																																																						
Albuquerque	NM	87123																																																						
Purpose of Expenditure	Category/Type																																																							
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Name of Federal Candidate supported or Opposed by expenditure:																																																								
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Calendar Year-To-Date Per Election for Office Sought		56892.40																																																						
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	Senate District:																																																							
	X Presidential																																																							
Check One:	X Support Oppose																																																							
Disbursement For: X Primary General 2004																																																								
Other (specify):																																																								

(a) SUBTOTAL of Itemized Independent Expenditures	32.70
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____	Date M M / D D / Y Y Y Y _____
-----------------	-----------------------------------

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 202 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee JOSHUA R ANDERSON			Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3		
Mailing Address 743 Supper Rock			Amount 692.31		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.31894		
Purpose of Expenditure Salaries (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
62019.76					
Full Name (Last, First, Middle, Initial) of Payee JOSHUA R ANDERSON			Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3		
Mailing Address 743 Supper Rock			Amount 80.64		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.31697		
Purpose of Expenditure Travel expenses (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
62100.40					
(a) SUBTOTAL of Itemized Independent Expenditures					772.95
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 204 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee JOSHUA R ANDERSON			Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3		
Mailing Address 743 Supper Rock			Amount 692.31		
City State Zip Code Albuquerque NM 87123			Transaction ID: SE24.31803		
Purpose of Expenditure Salaries (NM)			Office Sought: House State: VT Senate District: _____ X Presidential		
Category/Type 001			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			82989.54		

Full Name (Last, First, Middle, Initial) of Payee JOSHUA R ANDERSON			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 743 Supper Rock			Amount 83.88		
City State Zip Code Albuquerque NM 87123			Transaction ID: SE24.32081		
Purpose of Expenditure Travel expenses (NM)			Office Sought: House State: VT Senate District: _____ X Presidential		
Category/Type 002			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			107841.16		

(a) SUBTOTAL of Itemized Independent Expenditures	776.19
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

FED IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

DEBBIE APODACA

Date

MM / DD / YYYY
12 / 16 / 2003

Amount

255.00

Transaction ID: SE24.32423

Office Sought: House State: VT
Senate District: _____
X Presidential

Check One: X Support Oppose

Disbursement For: X Primary General 2004

Other (specify): _____

Mailing Address

2601 Sol de Vida, NW

City State Zip Code
Albuquerque NM 87120

Purpose of Expenditure Category/Type
Canvassing (NM) 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election for Office Sought 53474.70

Full Name (Last, First, Middle, Initial) of Payee

DEBBIE APODACA

Date

MM / DD / YYYY
12 / 22 / 2003

Amount

140.00

Transaction ID: SE24.32477

Office Sought: House State: VT
Senate District: _____
X Presidential

Check One: X Support Oppose

Disbursement For: X Primary General 2004

Other (specify): _____

Mailing Address

2601 Sol de Vida, NW

City State Zip Code
Albuquerque NM 87120

Purpose of Expenditure Category/Type
Canvassing (NM) 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election for Office Sought 73066.06

(a) SUBTOTAL of Itemized Independent Expenditures 395.00

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 203 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee MONICA APODACA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 8300 Casa Azul Court, NW			Amount 215.00		
City Albuquerque	State NM	Zip Code 87120	Transaction ID: SE24.32411		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
51669.70					

Full Name (Last, First, Middle, Initial) of Payee MONICA APODACA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 8300 Casa Azul Court, NW			Amount 120.00		
City Albuquerque	State NM	Zip Code 87120	Transaction ID: SE24.32476		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
72926.06					

(a) SUBTOTAL of Itemized Independent Expenditures	335.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check if ☐ 24-hour notice ☐ 48-hour notice	Date	
Full Name (Last, First, Middle, Initial) of Payee	M N / D C / Y Y Y	
ARIZONA DEMOCRATIC PARTY FEDERAL ACCOUNT	1 2 / 1 0 / 2 0 0 3	
Mailing Address	Amount	
13450 NORTH BLOCK CANYON HWY	10000.00	
SUITE 190	Transaction ID: SE24.31590	
City	State	Zip Code
PHOENIX	AZ	85029
Purpose of Expenditure	Category/	001
Voter list (AZ)	Type	
Name of Federal Candidate supported or Opposed by expenditure:	Office Sought: House State: <u>AZ</u>	
HOWARD DEAN - ARIZONA PRIMARY	Senate District: _____	
	X Presidential	
	Check One: ☒ Support ☐ Oppose	
	Disbursement For: ☒ Primary ☐ General 2004	
	Other (specify): _____	
Calendar Year-To-Date Per Election	10000.00	
for Office Sought		

Full Name (Last, First, Middle, Initial) of Payee	Date	
FELECIA ATKINS	M N / D C / Y Y Y	
Mailing Address	Amount	
926 Oakridge Drive, Bldg 913-29	40.00	
	Transaction ID: SE24.31876	
City	State	Zip Code
Des Moines	IA	50314
Purpose of Expenditure	Category/	001
Wages (IA)	Type	
Name of Federal Candidate supported or Opposed by expenditure:	Office Sought: House State: <u>VT</u>	
HOWARD DEAN	Senate District: _____	
	X Presidential	
	Check One: ☒ Support ☐ Oppose	
	Disbursement For: ☒ Primary ☐ General 2004	
	Other (specify): _____	
Calendar Year-To-Date Per Election	71176.68	
for Office Sought		

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BatesNeimand Inc.				Date M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 3	
Mailing Address 1025 Vermont Avenue, NW Suite 830				Amount 5866.67	
City Washington		State DC		Transaction ID: SE24.31569	
Zip Code 20005		Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure 20,000 Handouts supp- orting Dean (NM)				Category/ Type 007	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
15866.67					
Full Name (Last, First, Middle, Initial) of Payee BatesNeimand Inc.				Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 1025 Vermont Avenue, NW Suite 830				Amount 6600.00	
City Washington		State DC		Transaction ID: SE24.31718	
Zip Code 20005		Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure Walk Cards (IA)				Category/ Type 007	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
25019.58					
(a) SUBTOTAL of Itemized Independent Expenditures				12466.67	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

C 000011114

Other (specify):

FEC Schedule E (Form 3X) Rev. 02/2013

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check If	24-hour notice	48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee			Date			
JODI BEAULIEU			M N / D C / Y Y Y			
Mailing Address			Amount			
67 Lookout Hill Road			60.00			
City			Transaction ID: SE24.31878			
Peterborough			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
03458-1507			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Wages (NH)			Other (specify): _____			
Category/Type						
001						
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election						
for Office Sought			69951.88			
Full Name (Last, First, Middle, Initial) of Payee			Date			
ABBY BEENE			M N / D C / Y Y Y			
Mailing Address			Amount			
2601 Sol de Vida NW			115.00			
City			Transaction ID: SE24.32478			
Albuquerque			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
NM			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Canvassing (NM)			Other (specify): _____			
Category/Type						
007						
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election						
for Office Sought			73181.06			

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee VICTORIA BERG			Date M / N / D Y / Y / Y 12 / 15 / 2003		
Mailing Address 4601 Holiday Breeze Place, NE			Amount 100.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32366		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 49254.93			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee VICTORIA BERG			Date M / N / D Y / Y / Y 12 / 16 / 2003		
Mailing Address 4601 Holiday Breeze Place, NE			Amount 125.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32424		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 53569.70			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures			225.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			254.34		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M / N / D Y / Y / Y 12 / 16 / 2003		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee VICTORIA BERG			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 4801 Holiday Breeze Place, NE			Amount 110.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32481		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			73291.06		
Full Name (Last, First, Middle, Initial) of Payee BEST BUY - IA			Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address Water Tower Place			Amount 116.59		
City Des Moines	State IA	Zip Code 50266	Transaction ID: SE24.31817		
Purpose of Expenditure Supplies (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			57724.45		
(a) SUBTOTAL of Itemized Independent Expenditures					226.59
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

220.00

Other (specify):

5381970

40.00

Other (specify) :

Category/Type	001
---------------	-----

HOWARD DEAN

712966A

Signature _____

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check If	24-hour notice	48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee			Date			
THONDRA BRADLEY			M / N / D E / Y Y Y			
Mailing Address			Amount			
1118 Martin Luther King Parkway			40.00			
City			Transaction ID: SE24.32001			
Des Moines			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
50317			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Wages (IA)			Other (specify): _____			
Category/Type			001			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election			71616.68			
for Office Sought						
Full Name (Last, First, Middle, Initial) of Payee			Date			
JENNIFER M. BRIGGS			M / N / D E / Y Y Y			
Mailing Address			Amount			
1609 Grand Avenue			692.31			
City			Transaction ID: SE24.31640			
Davenport			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
52803			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Salaries (IA)			Other (specify): _____			
Category/Type			001			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election			33846.08			
for Office Sought						

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee JENNIFER M. BRIGGS				Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3	
Mailing Address 1609 Grand Avenue				Amount 61.92	
City Davenport		State IA	Zip Code 52803	Transaction ID: SE24.31641	
Purpose of Expenditure Travel expenses (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				33908.00	
Full Name (Last, First, Middle, Initial) of Payee JENNIFER M. BRIGGS				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 1609 Grand Avenue				Amount 692.31	
City Davenport		State IA	Zip Code 52803	Transaction ID: SE24.31661	
Purpose of Expenditure Salaries (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				42646.90	
(a) SUBTOTAL of Itemized Independent Expenditures					754.23
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check if ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee JENNIFER M. BRIGGS				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 1609 Grand Avenue				Amount 507.13	
City Davenport		State IA	Zip Code 52803		Transaction ID: SE24.32036
Purpose of Expenditure Salaries (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				86905.57	

Full Name (Last, First, Middle, Initial) of Payee JENNIFER M. BRIGGS				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 1609 Grand Avenue				Amount 111.96	
City Davenport		State IA	Zip Code 52803		Transaction ID: SE24.32039
Purpose of Expenditure Travel expenses (IA)		Category/ Type		002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				87017.53	

(a) SUBTOTAL of Itemized Independent Expenditures	619.09
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

C 000011114

Check If	24-hour notice	48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee			Date			
JENNIFER M. BRIGGS			M N / D C / Y Y Y			
Mailing Address			Amount			
1609 Grand Avenue			692.31			
City			Transaction ID: SE24.32070			
Davenport			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
52803			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Salaries (IA)			Other (specify): _____			
Category/Type			001			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election			96222.50			
for Office Sought						
Full Name (Last, First, Middle, Initial) of Payee			Date			
JENNIFER M. BRIGGS			M N / D C / Y Y Y			
Mailing Address			Amount			
1609 Grand Avenue			216.00			
City			Transaction ID: SE24.32072			
Davenport			Office Sought: House State: VT			
State			Senate District: _____			
Zip Code			X Presidential			
52803			Check One: X Support Oppose			
Purpose of Expenditure			Disbursement For: X Primary General 2004			
Travel expenses (IA)			Other (specify): _____			
Category/Type			002			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election			96438.50			
for Office Sought						

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BILL BROKOFBSKY				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2442 E. Walnut				Amount 40.00	
City Des Moines		State IA	Zip Code 50317		Transaction ID: SE24.31943
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				18235.58	

Full Name (Last, First, Middle, Initial) of Payee JOHN BROKOFBSKY				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2442 E Walnut				Amount 40.00	
City Des Moines		State IA	Zip Code 50317		Transaction ID: SE24.31961
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				18315.58	

(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee JOSH BROKOSFSKY				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2442 E. Walnut				Amount 40.00	
City Des Moines		State IA	Zip Code 50317	Transaction ID: SE24.31947	
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				18275.58	
Full Name (Last, First, Middle, Initial) of Payee JESSIE BROWN				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 347 30th Street, Drive SE				Amount 64.00	
City Cedar Rapids		State IA	Zip Code 52403	Transaction ID: SE24.32026	
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				18419.58	
(a) SUBTOTAL of Itemized Independent Expenditures					104.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

PATRICK BURKE

Date

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

Amount

379.80

Transaction ID: SE24.31643

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

59 Aldrich Place

City State Zip Code
 Buffalo NY 14220

Purpose of Expenditure Category/
 Travel expenses (IA) Type 002

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN

Calendar Year-To-Date Per Election
 for Office Sought 34287.80

Full Name (Last, First, Middle, Initial) of Payee

PATRICK BURKE

Date

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

Amount

692.31

Transaction ID: SE24.31663

Office Sought: House State: IA
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

59 Aldrich Place

City State Zip Code
 Buffalo NY 14220

Purpose of Expenditure Category/
 Salaries (IA) Type 001

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN - IOWA PRIMARY

Calendar Year-To-Date Per Election
 for Office Sought 17078.88

(a) SUBTOTAL of Itemized Independent Expenditures 1072.11

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 59 Aldrich Place				Amount 78.48	
City Buffalo		State NY	Zip Code 14220		
Purpose of Expenditure Travel expenses (IA)			Category/ Type	002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought				42754.18	
Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 59 Aldrich Place				Amount 692.31	
City Buffalo		State NY	Zip Code 14220		
Purpose of Expenditure Salaries (IA)			Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought				43446.49	
				Transaction ID: SE24.31864	
Office Sought:				House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Check One:				☒ Support ☐ Oppose	
Disbursement For:				☒ Primary ☐ General 2004 Other (specify): _____	
				Transaction ID: SE24.31665	
Office Sought:				House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Check One:				☒ Support ☐ Oppose	
Disbursement For:				☒ Primary ☐ General 2004 Other (specify): _____	
(a) SUBTOTAL of Itemized Independent Expenditures				770.79	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 59 Aldrich Place			Amount 233.28		
City Buffalo	State NY	Zip Code 14220	Transaction ID: SE24.31866		
Purpose of Expenditure Travel expenses (IA)			Category/ Type	002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Calendar Year-To-Date Per Election for Office Sought			Check One: ☒ Support ☐ Oppose		
			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE			Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3		
Mailing Address 59 Aldrich Place			Amount 692.31		
City Buffalo	State NY	Zip Code 14220	Transaction ID: SE24.31685		
Purpose of Expenditure Salaries (IA)			Category/ Type	001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Calendar Year-To-Date Per Election for Office Sought			Check One: ☒ Support ☐ Oppose		
			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	925.59
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FED IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE			Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3		
Mailing Address 59 Aldrich Place			Amount 227.52		
City Buffalo	State NY	Zip Code 14220	Transaction ID: SE24.31867		
Purpose of Expenditure Travel (IA)		Category/ Type 005	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
59603.35					
Full Name (Last, First, Middle, Initial) of Payee PATRICK BURKE			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 59 Aldrich Place			Amount 610.13		
City Buffalo	State NY	Zip Code 14220	Transaction ID: SE24.32040		
Purpose of Expenditure Salaries (IA)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
87627.66					

(a) SUBTOTAL of Itemized Independent Expenditures	837.65
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BARBARA BYRNE			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address P.O. Box 245			Amount 145.00		
City Corrales	State NM	Zip Code 87048	Transaction ID: SE24.32405		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			51133.22		

Full Name (Last, First, Middle, Initial) of Payee BARBARA BYRNE			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address P.O. Box 245			Amount 190.00		
City Corrales	State NM	Zip Code 87048	Transaction ID: SE24.32482		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			73481.06		

(a) SUBTOTAL of Itemized Independent Expenditures	335.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BARBARA BYRNE			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address P.O. Box 245			Amount 30.00		
City State Zip Code Corrales NM 87048			Transaction ID: SE24.32533		
Purpose of Expenditure Phone bank (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 84916.87			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee RONDA S CAMERON			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 2442 E. Walnut			Amount 40.00		
City State Zip Code Des Moines IA 50317			Transaction ID: SE24.31841		
Purpose of Expenditure Wages (IA)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 70656.68			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee CARLISLE EXECUTIVE CENTER			Date M / N / D Y / Y / Y 1 2 / 1 0 / 2 0 0 3		
Mailing Address 3200 Carlisle Blvd., NE #112			Amount 2868.00		
City State Zip Code Albuquerque NM 87110			Transaction ID: SE24.31591		
Purpose of Expenditure Office rental space (NM)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: Support ☒ Oppose		
Calendar Year-To-Date Per Election for Office Sought 41954.59			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee MICHELE CARTER-CLEMMONS			Date M / N / D Y / Y / Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 1194 14th St			Amount 40.00		
City State Zip Code Des Moines IA 50314			Transaction ID: SE24.31882		
Purpose of Expenditure Wages (IA)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support Oppose		
Calendar Year-To-Date Per Election for Office Sought 71256.68			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	2908.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M / N / D Y / Y / Y 1 2 / 1 0 / 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee THOMAS CHAVEZ			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 4807 8th Street, NW			Amount 115.00		
City State Zip Code Albuquerque NM 87107			Transaction ID: SE24.32463		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
73596.06					
Full Name (Last, First, Middle, Initial) of Payee CINGULAR WIRELESS			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 21 Conley Road, Suite M			Amount 128.77		
City State Zip Code Columbia MO 65201			Transaction ID: SE24.32204		
Purpose of Expenditure Prepaid Wireless Ph- nes (MO)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 001			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
112065.86					
(a) SUBTOTAL of Itemized Independent Expenditures					243.77
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee AARON CLARK			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 508 N. Washington			Amount 40.00		
City Pleasantville	State IA	Zip Code 50225	Transaction ID: SE24.31990		
Purpose of Expenditure Wages (IA)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
71416.68					

Full Name (Last, First, Middle, Initial) of Payee SARAH COFFEY			Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3		
Mailing Address 8817 Pony Express Trail, NE			Amount 165.00		
City Albuquerque	State NM	Zip Code 87109	Transaction ID: SE24.32412		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
51834.70					

(a) SUBTOTAL of Itemized Independent Expenditures	205.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee DAN COOPER			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3	
Mailing Address 84 Florence Street, Apt. 2			Amount 461.60	
City Worcester			Transaction ID: SE24.32081	
State MA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Zip Code 01603			Check One: ☒ Support ☐ Oppose	
Purpose of Expenditure Salaries (NH)			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Category/ Type 001				
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				
Calendar Year-To-Date Per Election for Office Sought			101977.05	

Full Name (Last, First, Middle, Initial) of Payee M DONNA COPELAND			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2137 Des Moines Street			Amount 40.00	
City Des Moines			Transaction ID: SE24.31863	
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Zip Code 50317			Check One: ☒ Support ☐ Oppose	
Purpose of Expenditure Wages (IA)			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Category/ Type 001				
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				
Calendar Year-To-Date Per Election for Office Sought			70906.68	

(a) SUBTOTAL of Itemized Independent Expenditures	501.60
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114	
Check if ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee DAVID ROJAS CORTES			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2219 Washington Avenue			Amount 40.00	
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.31956	
Purpose of Expenditure Wages (IA)			Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			70856.68	

Full Name (Last, First, Middle, Initial) of Payee NICHOLAS DEJESUS CORTES-CRUZ			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2219 Washington Avenue			Amount 40.00	
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.31954	
Purpose of Expenditure Wages (IA)			Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			70816.68	

(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee COSTCO - NM			Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3		
Mailing Address 1420 Renaissance Blvd. NE			Amount 321.48		
City State Zip Code Albuquerque NM 87107			Transaction ID: SE24.32406		
Purpose of Expenditure Canvassing (NM)			Office Sought: House Senate District: <u>VT</u> ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 51454.70			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee KRISTYN DAMERON			Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3		
Mailing Address 13324 Camino del Norte NE			Amount 190.00		
City State Zip Code Albuquerque NM 87123			Transaction ID: SE24.32413		
Purpose of Expenditure Canvassing (NM)			Office Sought: House Senate District: <u>VT</u> ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 52024.70			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	511.48
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee KRISTYN DAMERON		Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 13324 Camino del Norte NE		Amount 115.00
City Albuquerque	State NM	Zip Code 87123
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		73711.06

Transaction ID: SE24.32464

Office Sought: House State: VT
 Senate District: _____
 ☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee CEASAR MILOE DELEON		Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3
Mailing Address 888 Milani Street, Suite 601		Amount 40.00
City Honolulu	State HI	Zip Code 96813-2891
Purpose of Expenditure Wages (IA)		Category/ Type 001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		71336.68

Transaction ID: SE24.31886

Office Sought: House State: VT
 Senate District: _____
 ☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FED IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

DEMOCRATIC PARTY OF NEW MEXICO-FED ACCT

Date

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

Amount

10000.00

Transaction ID: SE24.31567

Office Sought: House State: NM
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

5317 MENAUL NE

City State Zip Code
 ALBUQUERQUE NM 87110

Purpose of Expenditure

Voter list (NM)

Category/
 Type 001

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN - NEW MEXICO PRIMARY

Calendar Year-To-Date Per Election

10000.00

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

MORGAN DEWEY

Date

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

Amount

100.00

Transaction ID: SE24.32383

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

406 Mesa Street, SE

City State Zip Code
 Albuquerque NM 87106

Purpose of Expenditure

Canvassing (NM)

Category/
 Type 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

49754.93

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures 10100.00

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee MORGAN DEWEY			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 406 Mesa Street, SE			Amount 190.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32426		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
54009.70					

Full Name (Last, First, Middle, Initial) of Payee MORGAN DEWEY			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 406 Mesa Street, SE			Amount 155.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32485		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
73866.06					

(a) SUBTOTAL of Itemized Independent Expenditures	345.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee CHARLES DUNCAN				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 2929 2nd Avenue				Amount 40.00	
City Council Bluff		State IA	Zip Code 51501	Transaction ID: SE24.32020	
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				71976.68	
Full Name (Last, First, Middle, Initial) of Payee LESLIE EDWARDS				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 309 E. 25th Street				Amount 40.00	
City Des Moines		State IA	Zip Code 50317	Transaction ID: SE24.31845	
Purpose of Expenditure Wages (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				70696.68	
(a) SUBTOTAL of Itemized Independent Expenditures					80.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y J U L Y 2 0 0 3	

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BECKY FISHER				Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 1400 E 28th Court				Amount 28.80	
City Des Moines		State IA	Zip Code 50317		Transaction ID: SE24.31303
Purpose of Expenditure Mileage (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				80326.56	

Full Name (Last, First, Middle, Initial) of Payee BECKY FISHER				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 1400 E 28th Court				Amount 99.90	
City Des Moines		State IA	Zip Code 50317		Transaction ID: SE24.32138
Purpose of Expenditure Wages (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				95081.21	

(a) SUBTOTAL of Itemized Independent Expenditures	128.70
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

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

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FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

C 000011114

Date 12 / 20 / 2003

Amount	40.00
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Transaction ID: SE24 31969

Office Sought: House State: VT
Senate District: _____
% Presidential _____

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
Other (specify):

Category/Type	001
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Wages (1A)

Other (specify):

HOWARD DEAN

Calendar Year-To-Date Per Election for Office Sought	71056.68
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Date: 12/18/2003

Amount 235.00

Transaction ID: SE24.32929

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Category/Type 007

Canvassing (NM)

Disbursement For: ☒ Primary ☐ General 2004
Other (specify):

HOWARD DEAN

Calendar Year-To-Date Per Election	54244.70
for Office Sought	

(a) SUBTOTAL of Itemized Independent Expenditures	275.00
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(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
---	--------

(c) **TOTAL** Independent Expenditures \$ 1,000,000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date: M M J D S V Y Y

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee RAQUELL FRAGUA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 11917 Lean Court, NE			Amount 150.00		
City Albuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32486		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			74016.06		

Full Name (Last, First, Middle, Initial) of Payee RAQUELL FRAGUA			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 11917 Lean Court, NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32535		
Purpose of Expenditure Phone bank (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			84976.87		

(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee BRAD FREVERT		Date M / D / Y 12 / 24 / 2003
Mailing Address 20129 215th Avenue		Amount 576.96
City Centerville	State IA	Zip Code 52544
Purpose of Expenditure Salaries (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Transaction ID: SE24.31804 Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought		83566.50

Full Name (Last, First, Middle, Initial) of Payee BRAD FREVERT		Date M / D / Y 12 / 24 / 2003
Mailing Address 20129 215th Avenue		Amount 86.40
City Centerville	State IA	Zip Code 52544
Purpose of Expenditure Travel expenses (IA)	Category/ Type	002
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Transaction ID: SE24.31814 Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought		84114.44

(a) SUBTOTAL of Itemized Independent Expenditures	663.36
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M / D / Y 12 / 24 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check if ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee BRAD FREVERT				Date M / N / D Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 20129 215th Avenue				Amount 434.52	
City Centerville		State IA		Transaction ID: SE24.32042	
Zip Code 52544		Purpose of Expenditure Salaries (IA)		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Category/Type 001				Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Disbursement For: ☒ Primary ☐ General 2004	
Calendar Year-To-Date Per Election for Office Sought 88303.02				Other (specify): _____	

Full Name (Last, First, Middle, Initial) of Payee BRAD FREVERT				Date M / N / D Y Y Y 1 2 / 3 1 / 2 0 0 3	
Mailing Address 20129 215th Avenue				Amount 576.96	
City Centerville		State IA		Transaction ID: SE24.32074	
Zip Code 52544		Purpose of Expenditure Salaries (IA)		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Category/Type 001		Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 97707.77				Disbursement For: ☒ Primary ☐ General 2004	
				Other (specify): _____	

(a) SUBTOTAL of Itemized Independent Expenditures	1011.48
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / N / D Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee BRAD FREVERT	Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3
Mailing Address 20129 215th Avenue	Amount 28.80
City Centerville State IA Zip Code 52544	Transaction ID: SE24.32095
Purpose of Expenditure Travel expenses (IA) Category/Type 002	Office Sought: House State: VT Senate District: _____ ☒ Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 108440.16	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee FRY'S GROCERY	Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 1634 Grant Street	Amount 29.54
City Tucson State AZ Zip Code 85705	Transaction ID: SE24.31842
Purpose of Expenditure Food for canvassers (AZ) Category/Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 72806.06	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	58.34
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / J J / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee JULIA GALLEGOS			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 1207 Coal Avenue, SW Apt. D			Amount 100.00		
City State Zip Code Albuquerque NM 87102			Transaction ID: SE24.32375		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought 48489.93			Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee JULIA GALLEGOS			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 1207 Coal Avenue, SW Apt. D			Amount 115.00		
City State Zip Code Albuquerque NM 87102			Transaction ID: SE24.32430		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought 54359.70			Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

JULIA GALLEGOS

Date

MM / DD / YYYY
12 / 22 / 2003

Amount

105.00

Transaction ID: SE24.32467

Office Sought: House State: VT
Senate District: _____
X Presidential

Check One: X Support Oppose

Disbursement For: X Primary General 2004

Other (specify): _____

Purpose of Expenditure

Canvassing (NM)

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

74121.06

for Office Sought

Full Name (Last, First, Middle, Initial) of Payee

CARLA GARCIA

Date

MM / DD / YYYY
12 / 18 / 2003

Amount

120.00

Transaction ID: SE24.32460

Office Sought: House State: VT
Senate District: _____
X Presidential

Check One: X Support Oppose

Disbursement For: X Primary General 2004

Other (specify): _____

Purpose of Expenditure

Canvassing (NM)

Category/
Type 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

57127.40

for Office Sought

(a) SUBTOTAL of Itemized Independent Expenditures 225.00

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

MM / DD / YYYY

Signature

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee RAFAEL GARCIA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 5813 Morgan Lane, SW			Amount 70.00		
City Albuquerque	State NM	Zip Code 87120	Transaction ID: SE24.32489		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			74406.06		
Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3		
Mailing Address 3843 8TH Place			Amount 692.31		
City Des Moines	State IA	Zip Code 50313	Transaction ID: SE24.31644		
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			34980.11		
(a) SUBTOTAL of Itemized Independent Expenditures					762.31
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M M / D D / Y Y Y Y _____		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	
Mailing Address 3843 8TH Place				Amount 200.88	
City Des Moines		State IA	Zip Code 50313	Transaction ID: SE24.31689	
Purpose of Expenditure Travel expenses (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 44572.96				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	
Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 3843 8TH Place				Amount 692.31	
City Des Moines		State IA	Zip Code 50313	Transaction ID: SE24.31689	
Purpose of Expenditure Salaries (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 60295.66				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	
(a) SUBTOTAL of Itemized Independent Expenditures				893.19	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FED IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS			Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 3843 8TH Place			Amount 223.56	
City Des Moines			Transaction ID: SE24.31890	
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Zip Code 50313			Check One: ☒ Support ☐ Oppose	
Purpose of Expenditure Travel expenses (IA)			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Category/Type 002				
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				
Calendar Year-To-Date Per Election for Office Sought			60519.22	

Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 3843 8TH Place			Amount 507.90	
City Des Moines			Transaction ID: SE24.32043	
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Zip Code 50313			Check One: ☒ Support ☐ Oppose	
Purpose of Expenditure Salaries (IA)			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Category/Type 001				
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				
Calendar Year-To-Date Per Election for Office Sought			88810.92	

(a) SUBTOTAL of Itemized Independent Expenditures	731.46
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS			Date M / D / Y 12 / 30 / 2003		
Mailing Address 3843 8TH Place			Amount 75.24		
City Des Moines	State IA	Zip Code 50313	Transaction ID: SE24.32045		
Purpose of Expenditure Travel expenses (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			88886.16		

Full Name (Last, First, Middle, Initial) of Payee GEOFFREY GIBBONS			Date M / D / Y 12 / 31 / 2003		
Mailing Address 3843 8TH Place			Amount 692.31		
City Des Moines	State IA	Zip Code 50313	Transaction ID: SE24.32075		
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			98400.08		

(a) SUBTOTAL of Itemized Independent Expenditures	767.55
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 _____ / _____ / _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee BOB GILES		Date M N / D E / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 2811 Garfield Avenue, SE 87106		Amount 110.00
City Albuquerque	State NM	Zip Code 87106
Purpose of Expenditure Canvassing (NM)		Category/Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		74516.06
		Transaction ID: SE24.32490
		Office Sought: House State: VT Senate District: _____ ☒ Presidential
		Check One: ☒ Support ☐ Oppose
		Disbursement For: ☒ Primary General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee BOB GILES		Date M N / D E / Y Y Y Y 1 2 / 2 9 / 2 0 0 3
Mailing Address 2811 Garfield Avenue, SE 87106		Amount 30.00
City Albuquerque	State NM	Zip Code 87106
Purpose of Expenditure Phone bank (NM)		Category/Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		85006.87
		Transaction ID: SE24.32537
		Office Sought: House State: VT Senate District: _____ ☒ Presidential
		Check One: ☒ Support ☐ Oppose
		Disbursement For: ☒ Primary General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M N / D E / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee RAYMOND GLENDENING			Date M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 3		
Mailing Address 6824 Pineway			Amount 421.42		
City University Park			Transaction ID: SE24.31566		
State MD			Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Zip Code 20782			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Computer Equipment Rental (NH)			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY					
Calendar Year-To-Date Per Election for Office Sought 421.42					
Full Name (Last, First, Middle, Initial) of Payee RAYMOND GLENDENING			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3		
Mailing Address 6824 Pineway			Amount 969.23		
City University Park			Transaction ID: SE24.31649		
State MD			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 20782			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Salaries (NH)			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought 36183.70					
(a) SUBTOTAL of Itemized Independent Expenditures			1390.65		
(b) SUBTOTAL of Unitemized Independent Expenditures			254.34		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee RAYMOND GLENDENING			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 6824 Pineway			Amount 372.19		
City State Zip Code University Park MD 20782			Transaction ID: SE24.32103		
Purpose of Expenditure Travel expenses (NH)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 002					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 110707.42			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee RAYMOND GLENDENING			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 6824 Pineway			Amount 1199.43		
City State Zip Code University Park MD 20782			Transaction ID: SE24.32104		
Purpose of Expenditure Travel expenses (NH)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 002					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 111906.85			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	1571.62
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

C 000011114

Check If	24-hour notice	48-hour notice
Full Name (Last, First, Middle, Initial) of Payee		
ALICIA GONZALES		
Mailing Address		
2415 Desert Wood Drive, SW		
City	State	Zip Code
Albuquerque	NM	87121
Purpose of Expenditure	Category/Type	007
Canvassing (NM)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
54879.70		
Date		
M N / D C / Y Y Y		
1 2 / 1 6 / 2 0 0 3		
Amount		
120.00		
Transaction ID: SE24.32435		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee		
ALICIA GONZALES		
Mailing Address		
2415 Desert Wood Drive, SW		
City	State	Zip Code
Albuquerque	NM	87121
Purpose of Expenditure	Category/Type	007
Canvassing (NM)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
74741.06		
Date		
M N / D C / Y Y Y		
1 2 / 2 2 / 2 0 0 3		
Amount		
110.00		
Transaction ID: SE24.32482		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		

Signature _____

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check if	24-hour notice	48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee			Date			
ANDREA GONZALES			M N / D E / Y Y Y Y 1 2 / 1 6 / 2 0 0 3			
Mailing Address			Amount			
5040 Argus NW			110.00			
City State Zip Code			Transaction ID: SE24.32437			
Albuquerque NM 87120			Office Sought: House State: VT Senate District: _____ X Presidential			
Purpose of Expenditure			Check One: X Support Oppose			
Canvassing (NM) Category/Type 007			Disbursement For: X Primary General 2004 Other (specify): _____			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election for Office Sought			54989.70			
Full Name (Last, First, Middle, Initial) of Payee			Date			
ANNA GONZALES			M N / D E / Y Y Y Y 1 2 / 1 6 / 2 0 0 3			
Mailing Address			Amount			
5040 Argus Avenue, NW			165.00			
City State Zip Code			Transaction ID: SE24.32446			
Albuquerque NM 87120			Office Sought: House State: VT Senate District: _____ X Presidential			
Purpose of Expenditure			Check One: X Support Oppose			
Canvassing (NM) Category/Type 007			Disbursement For: X Primary General 2004 Other (specify): _____			
Name of Federal Candidate supported or Opposed by expenditure:						
HOWARD DEAN						
Calendar Year-To-Date Per Election for Office Sought			56064.70			

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee ANNA GONZALES			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 5040 Argus Avenue, NW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87120	Transaction ID: SE24.32493		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
74856.06					

Full Name (Last, First, Middle, Initial) of Payee DARLENE GONZALES			Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3		
Mailing Address 2415 Desert Wood Drive, SW			Amount 210.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32434		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
54759.70					

(a) SUBTOTAL of Itemized Independent Expenditures	325.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee DARLENE GONZALES			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 2415 Desert Wood Drive, SW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32491		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
74631.06					
Full Name (Last, First, Middle, Initial) of Payee DONALD GRANDMAISON			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 72 HALL STREET			Amount 120.00		
City CONCORD	State NH	Zip Code 03301-3414	Transaction ID: SE24.31867		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
60062.68					

(a) SUBTOTAL of Itemized Independent Expenditures	235.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 271 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee DONALD GRANDMAISON			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 72 HALL STREET			Amount 150.00		
City CONCORD	State NH	Zip Code 03301-3414	Transaction ID: SE24.31893		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
79775.16					
Full Name (Last, First, Middle, Initial) of Payee DONALD GRANDMAISON			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 72 HALL STREET			Amount 60.00		
City CONCORD	State NH	Zip Code 03301-3414	Transaction ID: SE24.32142		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
95260.19					

(a) SUBTOTAL of Itemized Independent Expenditures	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 272 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee PEGGY GREEN			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 8001 Creekwood Avenue NW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87120	Transaction ID: SE24.32457		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			57007.40		
Full Name (Last, First, Middle, Initial) of Payee ISABEL TORRES GUTIERRES			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 3861 E. 38th Street			Amount 40.00		
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.31827		
Purpose of Expenditure Wages (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			70456.68		
(a) SUBTOTAL of Itemized Independent Expenditures					155.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

MARY HENDRIX

Date

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

Amount

30.00

Transaction ID: SE24.32536

Office Sought: House State: VT
 Senate District:
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify):

Mailing Address

88 El Cerro Loop, Apt. H

City State Zip Code
 Los Lunas NM 87031

Purpose of Expenditure Category/
 Phone bank (NM) Type 007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election
 for Office Sought 85036.87

Full Name (Last, First, Middle, Initial) of Payee

HUGO HERNANDEZ

Date

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

Amount

40.00

Transaction ID: SE24.31878

Office Sought: House State: VT
 Senate District:
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify):

Mailing Address

1206 Office Park Road, Apt. 12

City State Zip Code
 West Des Moines IA 50317

Purpose of Expenditure Category/
 Wages (IA) Type 001

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election
 for Office Sought 71216.68

(a) SUBTOTAL of Itemized Independent Expenditures 70.00

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED

FEC IDENTIFICATION NUMBER
C 000011114

Check #	24-hour notice	48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee			Date	
MARTA HERNANDEZ			M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address			Amount	
3881 E. 38th Street			40.00	
City			Transaction ID: SE24.31931	
Des Moines		State	Office Sought: House State: VT	
		IA	Senate District: _____	
Purpose of Expenditure		Category/Type	X Presidential	
Wages (IA)		001	Check One: X Support Oppose	
Name of Federal Candidate supported or Opposed by expenditure:			Disbursement For: X Primary General 2004	
HOWARD DEAN			Other (specify): _____	
Calendar Year-To-Date Per Election		70536.68		
for Office Sought				

Full Name (Last, First, Middle, Initial) of Payee		Date	
THOMAS HERRICK		M 12 / D 20 / Y 2003	
Mailing Address		Amount	
11 Court Street		150.00	
City	State	Zip Code	Transaction ID: SE24.31875
Concord	NH	03301-4345	Office Sought: House State: VT
Purpose of Expenditure		Category/Type	Senate District: _____
Wages (NH)		001	X Presidential
Name of Federal Candidate supported or Opposed by expenditure:			Check One: X Support Oppose
HOWARD DEAN			Disbursement For: X Primary General 2004
Calendar Year-To-Date Per Election			Other (specify): _____
for Office Sought			69848.68

(a) SUBTOTAL of Itemized Independent Expenditures	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M M J D Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE QUALIFIED

C 000011114

Check If	24-hour notice	48-hour notice
Full Name (Last, First, Middle, Initial) of Payee		
THOMAS HERRICK		
Mailing Address		
11 Court Street		
City	State	Zip Code
Concord	NH	03301-4345
Purpose of Expenditure	Category/Type	002
Mileage (NH)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
80507.16		
Date		
M N / D C / Y Y Y		
1 2 / 2 3 / 2 0 0 3		
Amount		
30.60		
Transaction ID: SE24.31905		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee		
THOMAS HERRICK		
Mailing Address		
11 Court Street		
City	State	Zip Code
Concord	NH	03301-4345
Purpose of Expenditure	Category/Type	001
Wages (NH)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
95440.19		
Date		
M N / D C / Y Y Y		
1 2 / 3 0 / 2 0 0 3		
Amount		
91.20		
Transaction ID: SE24.32144		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	121.80
--	---------------

(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
---	--------

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check If	24-hour notice	48-hour notice
Full Name (Last, First, Middle, Initial) of Payee		
ANTHONY R HEYL		
Mailing Address		
803 N. 35th Street #2D		
City	State	Zip Code
Council Bluffs	IA	51501
Purpose of Expenditure		Category/Type
Travel expenses (IA)		002
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		35214.47
Date		
M N / D E / Y Y Y		
1 2 / 0 5 / 2 0 0 3		
Amount		
172.08		
Transaction ID: SE24.31847		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee		
ANTHONY R HEYL		
Mailing Address		
803 N. 35th Street #2D		
City	State	Zip Code
Council Bluffs	IA	51501
Purpose of Expenditure		Category/Type
Salaries (IA)		001
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		45265.27
Date		
M N / D E / Y Y Y		
1 2 / 1 2 / 2 0 0 3		
Amount		
692.31		
Transaction ID: SE24.31670		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	864.39
---	---------------

(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
---	--------

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ANTHONY R HEYL				Date M / D / Y 12 / 19 / 2003	
Mailing Address 803 N. 35th Street #2D				Amount 692.31	
City Council Bluffs		State IA	Zip Code 51501		
Purpose of Expenditure Salaries (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31893	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	

Full Name (Last, First, Middle, Initial) of Payee ANTHONY R HEYL				Date M / D / Y 12 / 30 / 2003	
Mailing Address 803 N. 35th Street #2D				Amount 532.91	
City Council Bluffs		State IA	Zip Code 51501		
Purpose of Expenditure Salaries (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32048	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004	
				Other (specify): _____	

(a) SUBTOTAL of Itemized Independent Expenditures	1225.22
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M / D / Y
 12 / 30 / 2003

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FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

G 00001114

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

Amount 102.96

Transaction ID: SE24.32049

Office Sought: House State: VT
 Senate District: _____
 % Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
Other (specify):

Date: M T W T F S S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 2003

Amount 692.31

Transaction ID: SE24.32076

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
Other (specify):

(a) SUBTOTAL of Itemized Independent Expenditures	795.27
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Date: M M J D S Y Y Y

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114							
Check IF ☐ 24-hour notice ☐ 48-hour notice											
Full Name (Last, First, Middle, Initial) of Payee ANTHONY R HEYL				Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3							
Mailing Address 803 N. 35th Street #2D				Amount 109.80							
City Council Bluffs		State IA		Zip Code 51501							
Purpose of Expenditure Travel expenses (IA)				Category/ Type 002							
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32097 Office Sought: House State: VT Senate District: _____ X Presidential							
Calendar Year-To-Date Per Election for Office Sought				108884.04 Check One: ☒ Support ☐ Oppose							
Full Name (Last, First, Middle, Initial) of Payee NATHAN HOLSTEIN				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3							
Mailing Address 33 Minsterial Drive				Amount 90.00							
City Bedford		State NH		Zip Code 03110							
Purpose of Expenditure Wages (NH)				Category/ Type 001							
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31869 Office Sought: House State: VT Senate District: _____ X Presidential							
Calendar Year-To-Date Per Election for Office Sought				69488.68 Check One: ☒ Support ☐ Oppose							
Disbursement For: X Primary General 2004 Other (specify): _____											
<table style="width:100%;"> <tr> <td style="width:80%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="text-align: right;">199.80</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">254.34</td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	199.80	(b) SUBTOTAL of Unitemized Independent Expenditures	254.34	(c) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	199.80										
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34										
(c) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature _____				Date M M / D D / Y Y Y Y J U L Y 2 0 0 3							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 288 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee NATHAN HOLSTEIN			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 33 Ministerial Drive			Amount 180.00		
City Bedford	State NH	Zip Code 03110	Transaction ID: SE24.31891		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: X Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee NATHAN HOLSTEIN			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 33 Ministerial Drive			Amount 75.00		
City Bedford	State NH	Zip Code 03110	Transaction ID: SE24.32136		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ X Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: X Support Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: X Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	255.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y N N / J U / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FED IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee AMANDA JACKSON			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 3706 SE 8th Street			Amount 40.00		
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.31986		
Purpose of Expenditure Wages (IA)		Category/ Type	001	Office Sought: House State: VT Senate District: ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify):		
71376.68					

Full Name (Last, First, Middle, Initial) of Payee GREG JACKSON			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 3706 SE 8th Street			Amount 40.00		
City Des Moines	State IA	Zip Code 50301	Transaction ID: SE24.31984		
Purpose of Expenditure Wages (IA)		Category/ Type	001	Office Sought: House State: VT Senate District: ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify):		
71496.68					

(a) SUBTOTAL of Itemized Independent Expenditures	80.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U N Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
--	--	---

Check If ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee JAN JACKSON		Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3
Mailing Address 3706 SE 8th Street		Amount 40.00
City Des Moines	State IA	Zip Code 50315
Purpose of Expenditure Wages (IA)		Category/ Type 001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		71456.68

Transaction ID: SE24.31992

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee VITALIA JARMILLO		Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 1107 High Street SE		Amount 115.00
City Albuquerque	State NM	Zip Code 87105
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		75241.06

Transaction ID: SE24.32497

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004
 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 291 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee JORGE JIMENEZ			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 512 50th Street, SW			Amount 115.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32500		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
75356.06					

Full Name (Last, First, Middle, Initial) of Payee BEN JOHN			Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3		
Mailing Address 12601 Copperwood Drive, NE Apt			Amount 70.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32448		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
56299.70					

(a) SUBTOTAL of Itemized Independent Expenditures	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 292 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee BEN JOHN			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 12801 Copperwood Drive, NE Apt			Amount 105.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32501		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			75461.06		
Full Name (Last, First, Middle, Initial) of Payee MIKAYLA JOHNSON			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 1710 Mondamin Avenue			Amount 40.00		
City Des Moines	State IA	Zip Code 50314	Transaction ID: SE24.32005		
Purpose of Expenditure Wages (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			71696.68		
(a) SUBTOTAL of Itemized Independent Expenditures					145.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M M / D D / Y Y Y Y _____		

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 294 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
--	--	--	---	--	--

<table style="width:100%;"> <tr> <td style="width:33%;">Check If</td> <td style="width:33%;">24-hour notice</td> <td style="width:33%;">48-hour notice</td> </tr> <tr> <td colspan="3">Full Name (Last, First, Middle, Initial) of Payee</td> </tr> <tr> <td colspan="3">RITA KEITH</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td colspan="3">6616 Copperwood Drive, NE</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Albuquerque</td> <td>NM</td> <td>87114</td> </tr> <tr> <td>Purpose of Expenditure</td> <td>Category/Type</td> <td></td> </tr> <tr> <td>Phone bank (NM)</td> <td>007</td> <td></td> </tr> <tr> <td colspan="3">Name of Federal Candidate supported or Opposed by expenditure:</td> </tr> <tr> <td colspan="3">HOWARD DEAN</td> </tr> <tr> <td colspan="2">Calendar Year-To-Date Per Election for Office Sought</td> <td>85066.87</td> </tr> </table>	Check If	24-hour notice	48-hour notice	Full Name (Last, First, Middle, Initial) of Payee			RITA KEITH			Mailing Address			6616 Copperwood Drive, NE			City	State	Zip Code	Albuquerque	NM	87114	Purpose of Expenditure	Category/Type		Phone bank (NM)	007		Name of Federal Candidate supported or Opposed by expenditure:			HOWARD DEAN			Calendar Year-To-Date Per Election for Office Sought		85066.87	<table style="width:100%;"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td>1 2 / 2 9 / 2 0 0 3</td> </tr> <tr> <td>Amount</td> <td>30.00</td> </tr> <tr> <td>Transaction ID:</td> <td>SE24.32539</td> </tr> <tr> <td>Office Sought:</td> <td>House State: <u>VT</u> Senate District: _____ ☒ Presidential</td> </tr> <tr> <td>Check One:</td> <td>☒ Support ☐ Oppose</td> </tr> <tr> <td>Disbursement For:</td> <td>☒ Primary ☐ General 2004 Other (specify): _____</td> </tr> </table>	Date		M M / D D / Y Y Y Y	1 2 / 2 9 / 2 0 0 3	Amount	30.00	Transaction ID:	SE24.32539	Office Sought:	House State: <u>VT</u> Senate District: _____ ☒ Presidential	Check One:	☒ Support ☐ Oppose	Disbursement For:	☒ Primary ☐ General 2004 Other (specify): _____
Check If	24-hour notice	48-hour notice																																																	
Full Name (Last, First, Middle, Initial) of Payee																																																			
RITA KEITH																																																			
Mailing Address																																																			
6616 Copperwood Drive, NE																																																			
City	State	Zip Code																																																	
Albuquerque	NM	87114																																																	
Purpose of Expenditure	Category/Type																																																		
Phone bank (NM)	007																																																		
Name of Federal Candidate supported or Opposed by expenditure:																																																			
HOWARD DEAN																																																			
Calendar Year-To-Date Per Election for Office Sought		85066.87																																																	
Date																																																			
M M / D D / Y Y Y Y	1 2 / 2 9 / 2 0 0 3																																																		
Amount	30.00																																																		
Transaction ID:	SE24.32539																																																		
Office Sought:	House State: <u>VT</u> Senate District: _____ ☒ Presidential																																																		
Check One:	☒ Support ☐ Oppose																																																		
Disbursement For:	☒ Primary ☐ General 2004 Other (specify): _____																																																		

<table style="width:100%;"> <tr> <td colspan="3">Full Name (Last, First, Middle, Initial) of Payee</td> </tr> <tr> <td colspan="3">KACIE KIBLER</td> </tr> <tr> <td colspan="3">Mailing Address</td> </tr> <tr> <td colspan="3">1808 Avenue D</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Council Bluffs</td> <td>IA</td> <td>51501</td> </tr> <tr> <td>Purpose of Expenditure</td> <td>Category/Type</td> <td></td> </tr> <tr> <td>Wages (IA)</td> <td>001</td> <td></td> </tr> <tr> <td colspan="3">Name of Federal Candidate supported or Opposed by expenditure:</td> </tr> <tr> <td colspan="3">HOWARD DEAN</td> </tr> <tr> <td colspan="2">Calendar Year-To-Date Per Election for Office Sought</td> <td>72016.68</td> </tr> </table>	Full Name (Last, First, Middle, Initial) of Payee			KACIE KIBLER			Mailing Address			1808 Avenue D			City	State	Zip Code	Council Bluffs	IA	51501	Purpose of Expenditure	Category/Type		Wages (IA)	001		Name of Federal Candidate supported or Opposed by expenditure:			HOWARD DEAN			Calendar Year-To-Date Per Election for Office Sought		72016.68	<table style="width:100%;"> <tr> <td>Date</td> <td></td> </tr> <tr> <td>M M / D D / Y Y Y Y</td> <td>1 2 / 2 0 / 2 0 0 3</td> </tr> <tr> <td>Amount</td> <td>40.00</td> </tr> <tr> <td>Transaction ID:</td> <td>SE24.32022</td> </tr> <tr> <td>Office Sought:</td> <td>House State: <u>VT</u> Senate District: _____ ☒ Presidential</td> </tr> <tr> <td>Check One:</td> <td>☒ Support ☐ Oppose</td> </tr> <tr> <td>Disbursement For:</td> <td>☒ Primary ☐ General 2004 Other (specify): _____</td> </tr> </table>	Date		M M / D D / Y Y Y Y	1 2 / 2 0 / 2 0 0 3	Amount	40.00	Transaction ID:	SE24.32022	Office Sought:	House State: <u>VT</u> Senate District: _____ ☒ Presidential	Check One:	☒ Support ☐ Oppose	Disbursement For:	☒ Primary ☐ General 2004 Other (specify): _____
Full Name (Last, First, Middle, Initial) of Payee																																																
KACIE KIBLER																																																
Mailing Address																																																
1808 Avenue D																																																
City	State	Zip Code																																														
Council Bluffs	IA	51501																																														
Purpose of Expenditure	Category/Type																																															
Wages (IA)	001																																															
Name of Federal Candidate supported or Opposed by expenditure:																																																
HOWARD DEAN																																																
Calendar Year-To-Date Per Election for Office Sought		72016.68																																														
Date																																																
M M / D D / Y Y Y Y	1 2 / 2 0 / 2 0 0 3																																															
Amount	40.00																																															
Transaction ID:	SE24.32022																																															
Office Sought:	House State: <u>VT</u> Senate District: _____ ☒ Presidential																																															
Check One:	☒ Support ☐ Oppose																																															
Disbursement For:	☒ Primary ☐ General 2004 Other (specify): _____																																															

(a) SUBTOTAL of Itemized Independent Expenditures	70.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____	Date M M / J J / Y Y Y Y _____
-----------------	-----------------------------------

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 295 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee RUBY KILLINGS			Date M / D / Y 12 / 20 / 2003		
Mailing Address 926 Oakridge Drive, Bldg 913-32			Amount 40.00		
City Des Moines	State IA	Zip Code 50314	Transaction ID: SE24.31971		
Purpose of Expenditure Wages (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			71096.68		

Full Name (Last, First, Middle, Initial) of Payee AARON KING			Date M / D / Y 12 / 20 / 2003		
Mailing Address 3672 Chinook Trail			Amount 60.00		
City Wonalancet	State NH	Zip Code 03897-5590	Transaction ID: SE24.31857		
Purpose of Expenditure Wages (NH)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			68997.88		

(a) SUBTOTAL of Itemized Independent Expenditures	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M / D / Y
 _____ 12 / 20 / 2003

Signature

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE QUALIFIED

C 000011114

Check If	24-hour notice	48-hour notice
Full Name (Last, First, Middle, Initial) of Payee AARON KING		
Mailing Address 3672 Chinook Trail		
City Wonalancet	State NH	Zip Code 03897-5590
Purpose of Expenditure Wages (NH)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
80007.66		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 165.00		
Transaction ID: SE24.31896		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 28.80		
Transaction ID: SE24.31897		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31898		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31899		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31900		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31901		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31902		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31903		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31904		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31905		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31906		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31907		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31908		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31909		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31910		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31911		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31912		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31913		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31914		
Office Sought: House State: VT Senate District: X Presidential		
Check One: X Support Oppose		
Disbursement For: X Primary General 2004 Other (specify):		
Date M N / D C / Y Y Y 1 2 / 2 3 / 2 0 0 3		
Amount 80036.46		
Transaction ID: SE24.31915		
Office Sought: House State: VT Senate District: X Presidential		

(c) **TOTAL** Independent Expenditures

Date: _____

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee BRENDAN KING			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 3709 Chinook Trail			Amount 120.00		
City Wonalancet	State NH	Zip Code 03897-5581	Transaction ID: SE24.31873		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
65658.68					
Full Name (Last, First, Middle, Initial) of Payee BRENDAN KING			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 3709 Chinook Trail			Amount 165.00		
City Wonalancet	State NH	Zip Code 03897-5581	Transaction ID: SE24.31889		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
80201.46					

(a) SUBTOTAL of Itemized Independent Expenditures	285.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 298 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

BRENDAN KING

Mailing Address

3709 Chinook Trail

City

Wonalancet

State

NH

Zip Code

03897-5581

Purpose of Expenditure

Mileage (NH)

Category/

Type

002

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

80230.26

Date

MM / DD / YYYY
 12 / 23 / 2003

Amount

28.80

Transaction ID: SE24.31300

Office Sought:

House

State: VT

Senate

District: _____

X Presidential

Check One:

X Support

Oppose

Disbursement For: X Primary

General 2004

Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee

DANIEL KOSKI

Mailing Address

5624 Moon Street, NE

City

Albuquerque

State

NM

Zip Code

87111

Purpose of Expenditure

Canvassing (NM)

Category/

Type

007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

56514.70

Date

MM / DD / YYYY
 12 / 18 / 2003

Amount

215.00

Transaction ID: SE24.32449

Office Sought:

House

State: VT

Senate

District: _____

X Presidential

Check One:

X Support

Oppose

Disbursement For: X Primary

General 2004

Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures 243.80

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 299 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee DANIEL KOSKI			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 5624 Moon Street, NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87111	Transaction ID: SE24.32503		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
75686.06					
Full Name (Last, First, Middle, Initial) of Payee NICOLE KOURI			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 2721 Sampson			Amount 40.00		
City Des Moines	State IA	Zip Code 50313	Transaction ID: SE24.31887		
Purpose of Expenditure Wages (IA)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
71536.68					

(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 300 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FED IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 9000.00		
City Takoma	State MD	Zip Code 20912	Transaction ID: SE24.31742		
Purpose of Expenditure Polling Services (NV)			Office Sought: House State: <u>NV</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEVADA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 9079.27			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 9000.00		
City Takoma	State MD	Zip Code 20912	Transaction ID: SE24.31744		
Purpose of Expenditure Polling Services (AZ)			Office Sought: House State: <u>AZ</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - ARIZONA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 27144.14			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	18000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 9000.00		
City Takoma		State MD	Transaction ID: SE24.31745		
Zip Code 20912					
Purpose of Expenditure Polling Services (NM)		Category/ Type	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
51845.99					
Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 9000.00		
City Takoma		State MD	Transaction ID: SE24.31747		
Zip Code 20912					
Purpose of Expenditure Polling Services (SC)		Category/ Type	Office Sought: House State: <u>SC</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
53629.62					
(a) SUBTOTAL of Itemized Independent Expenditures					18000.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 10500.00		
City Takoma		State MD	Transaction ID: SE24.31746		
Zip Code 20912					
Purpose of Expenditure Polling Services (MI)		Category/ Type	Office Sought: House State: <u>MI</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
58378.08					
Full Name (Last, First, Middle, Initial) of Payee LAUER RESEARCH, Inc.			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 7008 Westmoreland Avenue Suite B			Amount 10500.00		
City Takoma		State MD	Transaction ID: SE24.31746		
Zip Code 20912					
Purpose of Expenditure Polling Services (NH)		Category/ Type	Office Sought: House State: <u>NH</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
24346.62					
(a) SUBTOTAL of Itemized Independent Expenditures					21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee FREDERICK J LENNOX				Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 17 Williams Drive				Amount 461.54	
City Hudson		State NH	Zip Code 03051		
Purpose of Expenditure Salaries (NH)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31807	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Full Name (Last, First, Middle, Initial) of Payee FREDERICK J LENNOX				Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3	
Mailing Address 17 Williams Drive				Amount 461.54	
City Hudson		State NH	Zip Code 03051		
Purpose of Expenditure Salaries (NH)		Category/ Type		002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32085	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				104377.05	

(a) SUBTOTAL of Itemized Independent Expenditures	923.08
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y
 J U L Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee MARILYNN LOHR		Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3
Mailing Address 401 14th Street, SW Apt. 9		Amount 215.00
City Albuquerque	State NM	Zip Code 87102
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE24.32450 Office Sought: House State: VT Senate District: _____ ☒ Presidential
		Check One: ☒ Support ☐ Oppose
		Disbursement For: ☒ Primary General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee MARILYNN LOHR		Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 401 14th Street, SW Apt. 9		Amount 115.00
City Albuquerque	State NM	Zip Code 87102
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE24.32504 Office Sought: House State: VT Senate District: _____ ☒ Presidential
		Check One: ☒ Support ☐ Oppose
		Disbursement For: ☒ Primary General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	330.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 Signature

 Date M M / D D / Y Y Y Y
 5 5 / 7 7 / 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee CESER HDEZ LOPEZ			Date M / N / D Y / Y / Y 1 / 2 / 20 0 / 0 / 3		
Mailing Address Grand Avenue #2058			Amount 40.00		
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.32014		
Purpose of Expenditure Wages (IA)		Category/ Type 001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 71856.68			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee LSG Strategies Services Corp.			Date M / N / D Y / Y / Y 1 / 2 / 23 2 / 0 / 3		
Mailing Address 2120 L Street, NW Suite 305			Amount 13291.68		
City Washington	State DC	Zip Code 20037	Transaction ID: SE24.31737		
Purpose of Expenditure Phone Survey (IA)		Category/ Type 001	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 85024.76			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures			13331.68		
(b) SUBTOTAL of Unitemized Independent Expenditures			254.34		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M / N / D Y / Y / Y 1 / 2 / 23 2 / 0 / 3		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF 24-hour notice 48-hour notice Full Name (Last, First, Middle, Initial) of Payee LSG Strategies Services Corp.				Date M / N / D Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 2120 L Street, NW Suite 305				Amount 5284.72	
City Washington		State DC		Zip Code 20037	
Purpose of Expenditure Phone Survey (NH)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW HAMPSHIRE PRIMARY				Transaction ID: SE24.31739 Office Sought: House State: <u>NH</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				13846.62	

Full Name (Last, First, Middle, Initial) of Payee LSG Strategies Services Corp.				Date M / N / D Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 2120 L Street, NW Suite 305				Amount 2890.80	
City Washington		State DC		Zip Code 20037	
Purpose of Expenditure Phone Survey (NM)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY				Transaction ID: SE24.31740 Office Sought: House State: <u>NM</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				42845.99	

(a) SUBTOTAL of Itemized Independent Expenditures	8175.52
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date M / N / D Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ROSALIA MADIUCA			Date M / D / Y 12 / 20 / 2003		
Mailing Address 1348 12th Street, Apt. 1			Amount 40.00		
City Des Moines	State IA	Zip Code 50314	Transaction ID: SE24.31937		
Purpose of Expenditure Wages (IA)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			70576.68		
Full Name (Last, First, Middle, Initial) of Payee SANDRA MALISZEWSKI			Date M / D / Y 12 / 15 / 2003		
Mailing Address 1200 Dickerson Drive, SE Apt 177			Amount 100.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32384		
Purpose of Expenditure Canvassing (NM)		Category/ Type	007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			49054.93		

(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M / D / Y 12 / 15 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MARICOPA COUNTY ELECTIONS DEPARTMENT				Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 111 S. 3rd Avenue				Amount 25.00	
City Phoenix		State AZ	Zip Code 85003	Transaction ID: SE24.31844	
Purpose of Expenditure Precinct map (AZ)			Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004	
				Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				78801.06	

Full Name (Last, First, Middle, Initial) of Payee ERIC MARTINEZ				Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3	
Mailing Address 12104 Sierra Grande Avenue, NE				Amount 215.00	
City Albuquerque		State NM	Zip Code 87112	Transaction ID: SE24.32464	
Purpose of Expenditure Canvassing (NM)			Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004	
				Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				57587.40	

(a) SUBTOTAL of Itemized Independent Expenditures	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LENORA MARTINEZ			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 2D12 North Wind SW			Amount 15.00		
City State Zip Code Albuquerque NM 87121			Transaction ID: SE24.32452		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 56859.70			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee MONIQUE MARTINEZ			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 2012 North Wind SW			Amount 100.00		
City State Zip Code Albuquerque NM 87121			Transaction ID: SE24.32378		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 48654.93			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

C 000011114

Check If	24-hour notice	48-hour notice
Full Name (Last, First, Middle, Initial) of Payee		
MONIQUE MARTINEZ		
Mailing Address		
2012 North Wind SW		
City	State	Zip Code
Albuquerque	NM	87121
Purpose of Expenditure	Category/Type	007
Canvassing (NM)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
57372.40		
Date		
M N / D C / Y Y Y		
1 2 / 1 6 / 2 0 0 3		
Amount		
15.00		
Transaction ID: SE24.32463		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee		
RITA MARTINEZ-GRIFFIN		
Mailing Address		
4920 Union Way NE		
City	State	Zip Code
Albuquerque	NM	87102
Purpose of Expenditure	Category/Type	007
Canvassing (NM)		
Name of Federal Candidate supported or Opposed by expenditure:		
HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		
50354.93		
Date		
M N / D C / Y Y Y		
1 2 / 1 5 / 2 0 0 3		
Amount		
100.00		
Transaction ID: SE24.32399		
Office Sought:	House	State: VT
	Senate	District: _____
	X Presidential	
Check One:	X Support	Oppose
Disbursement For: X Primary General 2004		
Other (specify): _____		

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee RITA MARTINEZ-GRIFFIN			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 4920 Union Way NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32462		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
57357.40					
Full Name (Last, First, Middle, Initial) of Payee RITA MARTINEZ-GRIFFIN			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 4920 Union Way NE			Amount 60.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32507		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
76031.06					

(a) SUBTOTAL of Itemized Independent Expenditures	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF 24-hour notice 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MICHIGAN DEMOCRATIC PARTY-FED ACCT				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 606 TOWNSEND				Amount 40000.00	
City LANSING		State MI	Zip Code 48933	Transaction ID: SE24.31830	
Purpose of Expenditure Voter list (MI)		Category/ Type		Office Sought: House State: <u>MI</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY				Check One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: X Primary General 2004 Other (specify): _____	
				47878.08	
Full Name (Last, First, Middle, Initial) of Payee STEPHONE MICKLER				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 506 LEON DRIVE				Amount 775.87	
City ANDERSON		State SC	Zip Code 29621	Transaction ID: SE24.32050	
Purpose of Expenditure Salaries (SC)		Category/ Type		Office Sought: House State: <u>SC</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY				Check One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: X Primary General 2004 Other (specify): _____	
				60468.43	
(a) SUBTOTAL of Itemized Independent Expenditures				40775.87	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice ☐ 48-hour notice	Full Name (Last, First, Middle, Initial) of Payee STEPHONE MICKLER		Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 506 LEON DRIVE			Amount 174.60		
City ANDERSON	State SC	Zip Code 29621	Transaction ID: SE24.32052		
Purpose of Expenditure Travel expenses (SC)		Category/ Type	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Amount 90358.92					
Full Name (Last, First, Middle, Initial) of Payee STEPHONE MICKLER			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 506 LEON DRIVE			Amount 1154.00		
City ANDERSON	State SC	Zip Code 29621	Transaction ID: SE24.32087		
Purpose of Expenditure Salaries (SC)		Category/ Type	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Amount 106338.65					

(a) SUBTOTAL of Itemized Independent Expenditures	1328.60
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee STEPHONE MICKLER			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 508 LEON DRIVE			Amount 327.60		
City ANDERSON			Transaction ID: SE24.32090		
State SC			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 28621			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Travel expenses (SC)			Disbursement For: ☒ Primary ☐ General 2004		
Category/Type 002			Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought			107757.28		
Full Name (Last, First, Middle, Initial) of Payee MISSOURI DEMOCRATIC PARTY-FED ACCT			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address P.O. BOX 719			Amount 4080.94		
City Jefferson City			Transaction ID: SE24.31752		
State MO			Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
Zip Code 65102			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Voter List (MO)			Disbursement For: ☒ Primary ☐ General 2004		
Category/Type 001			Other (specify): _____		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY					
Calendar Year-To-Date Per Election for Office Sought			19729.43		
(a) SUBTOTAL of Itemized Independent Expenditures			4408.54		
(b) SUBTOTAL of Unitemized Independent Expenditures			254.34		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M M / D D / Y Y Y Y _____		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee CHRIS MOELLER				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 732 18th Street, Apt. 104				Amount 40.00	
City Des Moines		State IA		Transaction ID: SE24.31907	
Zip Code 50314		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure Wages (IA)				Check One: ☒ Support ☐ Oppose	
Category/ Type 001				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought				71016.68	

Full Name (Last, First, Middle, Initial) of Payee MOMEMENTUM ANALYSIS				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 2451 18th Street, NW 2nd Floor				Amount 2572.86	
City Washington		State DC		Transaction ID: SE24.31628	
Zip Code 20009		Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure Polls (MO)				Check One: ☒ Support ☐ Oppose	
Category/ Type 007				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY					
Calendar Year-To-Date Per Election for Office Sought				5648.49	

(a) SUBTOTAL of Itemized Independent Expenditures	2612.86
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MOMEMENTUM ANALYSIS			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 2451 18th Street, NW 2nd Floor			Amount 2357.85		
City Washington		State DC	Zip Code 20009		
Purpose of Expenditure Polling (MO)		Category/ Type	005		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Transaction ID: SE24.31755		
Calendar Year-To-Date Per Election for Office Sought			22087.28		
			Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
			Check One: ☒ Support ☐ Oppose		
			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee MOMEMENTUM ANALYSIS			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 2451 18th Street, NW 2nd Floor			Amount 1104.00		
City Washington		State DC	Zip Code 20009		
Purpose of Expenditure Pollster Work (MO)		Category/ Type	005		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Transaction ID: SE24.31761		
Calendar Year-To-Date Per Election for Office Sought			23191.28		
			Office Sought: House State: <u>MO</u> Senate District: _____ ☒ Presidential		
			Check One: ☒ Support ☐ Oppose		
			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	3461.85
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee MONTANO, ADRIA			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 3430 Pan American Freeway, NE			Amount 100.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32362		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
48854.93					

Full Name (Last, First, Middle, Initial) of Payee MONTANO, ADRIA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 3430 Pan American Freeway, NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32403		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
50873.22					

(a) SUBTOTAL of Itemized Independent Expenditures	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee MONTANO, ADRIA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 3430 Pan American Freeway, NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32508		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
76146.06					
Full Name (Last, First, Middle, Initial) of Payee LETICIA ESTELA ASIO MONTERO			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address Grand Avenue #2058			Amount 40.00		
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.32012		
Purpose of Expenditure Wages (IA)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
71816.68					

(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X.

FEC IDENTIFICATION NUMBER

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee CARRIE MOREZ			Date M / D / Y 12 / 15 / 2003		
Mailing Address 406 Mesa Street, SE			Amount 100.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32394		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			49854.93		

Full Name (Last, First, Middle, Initial) of Payee CARRIE MOREZ			Date M / D / Y 12 / 18 / 2003		
Mailing Address 406 Mesa Street, SE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32461		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			57242.40		

(a) SUBTOTAL of Itemized Independent Expenditures	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 12 / 18 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee CARRIE MOREZ			Date M / D / Y 12 / 22 / 2003		
Mailing Address 406 Mesa Street, SE			Amount 155.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32510		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			76411.06		

Full Name (Last, First, Middle, Initial) of Payee CARRIE MOREZ			Date M / D / Y 12 / 29 / 2003		
Mailing Address 406 Mesa Street, SE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32540		
Purpose of Expenditure Phone bank (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			85096.87		

(a) SUBTOTAL of Itemized Independent Expenditures	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M / D / Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee SHAKODEY NIELSEN			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 2807 4th Avenue			Amount 40.00		
City Council Bluff	State IA	Zip Code 51501	Transaction ID: SE24.32016		
Purpose of Expenditure Wages (IA)		Category/ Type	001		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Office Sought: House State: VT Senate District: _____ X Presidential		
Calendar Year-To-Date Per Election for Office Sought			71936.68		
			Check One: X Support Oppose		
			Disbursement For: X Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee KARL NIEMAN			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 11204 Prospect Avenue, NE			Amount 100.00		
City Abuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32386		
Purpose of Expenditure Canvassing (NM)		Category/ Type	007		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Office Sought: House State: VT Senate District: _____ X Presidential		
Calendar Year-To-Date Per Election for Office Sought			50054.93		
			Check One: X Support Oppose		
			Disbursement For: X Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee KARL NIEMAN			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 11204 Prospect Avenue, NE			Amount 65.00		
City Abuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32443		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
55669.70					

Full Name (Last, First, Middle, Initial) of Payee KARL NIEMAN			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 11204 Prospect Avenue, NE			Amount 65.00		
City Abuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32511		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
76476.06					

(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 330 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee KARL NIEMAN			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3	
Mailing Address 11204 Prospect Avenue, NE			Amount 30.00	
City Albuquerque	State NM	Zip Code 87112	Transaction ID: SE24.32541	
Purpose of Expenditure Phone bank (NM)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Category/Type 007			Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought 85126.87				

Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - AZ			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 3838 N. Oracle Road			Amount 302.52	
City Tucson	State AZ	Zip Code 85705	Transaction ID: SE24.31839	
Purpose of Expenditure Office supplies (AZ)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Category/Type 001			Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought 72659.70				

(a) SUBTOTAL of Itemized Independent Expenditures	332.52
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice ☐ 48-hour notice	Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - AZ		Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	Amount 116.82	
Mailing Address 3838 N. Oracle Road			Transaction ID: SE24.31841		
City Tucson	State AZ	Zip Code 85705	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Purpose of Expenditure Office supplies (AZ)		Category/ Type	001		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
72776.52					
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - AZ			Date M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 3	Amount 142.43	
Mailing Address 928 W. Camelback Road			Transaction ID: SE24.32148		
City Phoenix	State AZ	Zip Code 85013	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Purpose of Expenditure Office supplies (AZ)		Category/ Type	001		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
84286.87					

(a) SUBTOTAL of Itemized Independent Expenditures	259.25
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NH				Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3	
Mailing Address Route 30				Amount 13.98	
City Manchester		State NH	Zip Code 03103	Transaction ID: SE24.31726	
Purpose of Expenditure Supplies (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				50368.91	

Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NH				Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3	
Mailing Address Route 30				Amount 13.98	
City Manchester		State NH	Zip Code 03103	Transaction ID: SE24.31730	
Purpose of Expenditure Supplies (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				57601.38	

(a) SUBTOTAL of Itemized Independent Expenditures	27.96
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NH				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address Route 30				Amount 34.98	
City Manchester		State NH	Zip Code 03103		
Purpose of Expenditure Office supplies (NH)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32141	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NM				Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3	
Mailing Address 3901 Menaul Blvd., NE				Amount 58.27	
City Albuquerque		State NM	Zip Code 87107		
Purpose of Expenditure Office Supplies (NM)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32470	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
(a) SUBTOTAL of Itemized Independent Expenditures				93.25	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NM				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 3301 Menaul Blvd., NE				Amount 298.67	
City Albuquerque		State NM		Transaction ID: SE24.32110	
Zip Code 87107		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure Office supplies (NM)				Check One: ☒ Support ☐ Oppose	
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				54831.31	
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NV				Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3	
Mailing Address 2837 S. Maryland Parkway				Amount 379.36	
City Las Vegas		State NV		Transaction ID: SE24.31834	
Zip Code 89109		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential			
Purpose of Expenditure Office supplies (NV)				Check One: ☒ Support ☐ Oppose	
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				50758.22	
(a) SUBTOTAL of Itemized Independent Expenditures					678.03
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114							
Check ☐ 24-hour notice ☐ 48-hour notice											
Full Name (Last, First, Middle, Initial) of Payee OFFICE MAX - NV				Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3							
Mailing Address 2837 S. Maryland Parkway				Amount 87.93							
City Las Vegas		State NV		Transaction ID: SE24.32865							
Zip Code 89109		Office Sought: House State: <u>NV</u> Senate District: _____ ☒ Presidential									
Purpose of Expenditure Office supplies (NV)				Category/Type 001							
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEVADA PRIMARY				Check One: ☒ Support ☐ Oppose							
Calendar Year-To-Date Per Election for Office Sought				9246.48							
Full Name (Last, First, Middle, Initial) of Payee RILEY OHLSON				Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3							
Mailing Address 92 Van Norden Road				Amount 90.00							
City Reading		State MA		Transaction ID: SE24.31862							
Zip Code 01857-1244		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential									
Purpose of Expenditure Wages (NH)				Category/Type 001							
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose							
Calendar Year-To-Date Per Election for Office Sought				69208.48							
Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____											
<table style="width:100%;"> <tr> <td style="width:80%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="text-align: right;">177.93</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">254.34</td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	177.93	(b) SUBTOTAL of Unitemized Independent Expenditures	254.34	(c) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	177.93										
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34										
(c) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3							

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED	FEC IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee RILEY DHILSON	Date M / D / Y 12 / 20 / 2003
Mailing Address 92 Van Norden Road	Amount 34.20
City Reading State MA Zip Code 01857-1244	Transaction ID: SE24.31864
Purpose of Expenditure Mileage (NH) Category/Type 002	Office Sought: House State: VT Senate District: _____ X Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 69242.68	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee ALLAN OLIVER	Date M / D / Y 12 / 30 / 2003
Mailing Address 1 Unknown St	Amount 478.58
City Sioux Falls State IA Zip Code 52403	Transaction ID: SE24.32053
Purpose of Expenditure Salaries (IA) Category/Type 001	Office Sought: House State: VT Senate District: _____ X Presidential
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Check One: ☒ Support ☐ Oppose
Calendar Year-To-Date Per Election for Office Sought 90837.50	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	512.78
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M / D / Y JUL 15 2003

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check if ☐ 24-hour notice ☒ 48-hour notice	Date M N / U L / V Y Y Y 1 2 / 3 1 / 2 0 0 3	
Full Name (Last, First, Middle, Initial) of Payee ALLAN OLIVER	Amount 576.96	
Mailing Address 1 Unknown St	Transaction ID: SE24.32077	
City Sioux Falls	State IA	Zip Code 52403
Purpose of Expenditure Salaries (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought	Check One: ☒ Support ☐ Oppose Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
99669.35		

Full Name (Last, First, Middle, Initial) of Payee		Date	
DARLENE OTERO		M / D / Y 12 / 17 / 2003	
Mailing Address		Amount	
1919 Tapia Place SW		15.00	
City	State	Zip Code	Transaction ID: SE24.32468
Albuquerque	NM	87105	Office Sought: House State: VT
Purpose of Expenditure	Category/Type		Senate District: _____
Canvassing (NM)	007		X Presidential
Name of Federal Candidate supported or Opposed by expenditure:		Check One:	
HOWARD DEAN		X Support	Oppose
Calendar Year-To-Date Per Election		Disbursement For:	
for Office Sought		X Primary	General 2004
57802.94		Other (specify): _____	

Signature _____

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X.

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MARYELLEN PEREA-MAESTAS			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 1515 Columbia Drive, SE, Apt. 105			Amount 100.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32365		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 49154.93			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee MARYELLEN PEREA-MAESTAS			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 1515 Columbia Drive, SE, Apt. 105			Amount 115.00		
City Albuquerque	State NM	Zip Code 87106	Transaction ID: SE24.32442		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 55604.70			Disbursement For: ☒ Primary General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee PIMA COUNTY ELECTIONS			Date M / D / Y 12 / 22 / 2003		
Mailing Address 130 W. Congress, 8th Floor			Amount 8.50		
City Tucson	State AZ	Zip Code 85713	Transaction ID: SE24.31836		
Purpose of Expenditure Precinct Map (AZ)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			72357.18	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	

Full Name (Last, First, Middle, Initial) of Payee LUIS PINDUISACA			Date M / D / Y 12 / 20 / 2003		
Mailing Address 317 19th Street, Apt. 10			Amount 40.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.31825		
Purpose of Expenditure Wages (IA)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			70416.68	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	

(a) SUBTOTAL of Itemized Independent Expenditures	48.50
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M / D / Y
 12 / 20 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ABRAHAM PLACENCIO			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 1309 8th Street, NW			Amount 100.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32397		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
50154.93					

Full Name (Last, First, Middle, Initial) of Payee ABRAHAM PLACENCIO			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 1309 8th Street, NW			Amount 90.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32441		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
55489.70					

(a) SUBTOTAL of Itemized Independent Expenditures	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ABRAHAM PLACENCIO			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 1309 8th Street, NW			Amount 180.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32514		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
76821.06					
Full Name (Last, First, Middle, Initial) of Payee ABRAHAM PLACENCIO			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 1309 8th Street, NW			Amount 30.00		
City Albuquerque	State NM	Zip Code 87102	Transaction ID: SE24.32543		
Purpose of Expenditure Phone bank (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
85186.87					

(a) SUBTOTAL of Itemized Independent Expenditures	210.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify):

FEC Schedule E (Form 3X) Rev. 02/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee HANNAH RAYMOND			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 68 Harmony Road			Amount 90.00		
City Northwood	State NH	Zip Code 03261-3902	Transaction ID: SE24.31859		
Purpose of Expenditure Wages (NH)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
69087.88					
Full Name (Last, First, Middle, Initial) of Payee HANNAH RAYMOND			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 68 Harmony Road			Amount 30.60		
City Northwood	State NH	Zip Code 03261-3902	Transaction ID: SE24.31861		
Purpose of Expenditure Mileage (NH)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
69118.48					

(a) SUBTOTAL of Itemized Independent Expenditures	120.60
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 348 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee HANNAH RAYMOND			Date M / N / D Y / Y / Y 12 / 30 / 2003		
Mailing Address 68 Harmony Road			Amount 88.80		
City Northwood	State NH	Zip Code 03261-3902	Transaction ID: SE24.32143		
Purpose of Expenditure Wages (NH)		Category/ Type 001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 95348.99			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee RESEARCH & POLLING			Date M / N / D Y / Y / Y 12 / 23 / 2003		
Mailing Address 5140 San Francisco Road, NE			Amount 1666.55		
City Albuquerque	State NM	Zip Code 87109-4840	Transaction ID: SE24.31758		
Purpose of Expenditure Polling Services (NM)		Category/ Type 005	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 53512.54			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
(a) SUBTOTAL of Itemized Independent Expenditures					1755.35
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / N / D Y / Y / Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED				FED IDENTIFICATION NUMBER C C00011114	
Check IF 24-hour notice 48-hour notice Full Name (Last, First, Middle, Initial) of Payee RITE AID				Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3	
Mailing Address 1631 Elm Street				Amount 6.48	
City Manchester		State NH		Transaction ID: SE24.31731	
Zip Code 03101		Purpose of Expenditure Supplies (NH)		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Category/Type 001				Check One: X Support Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Disbursement For: X Primary General 2004	
Calendar Year-To-Date Per Election for Office Sought 57607.86				Other (specify): _____	

Full Name (Last, First, Middle, Initial) of Payee AIMEE RIVERA				Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3	
Mailing Address 1006 Pueblo Solano Road NW				Amount 55.00	
City Albuquerque		State NM		Transaction ID: SE24.32516	
Zip Code 87107		Purpose of Expenditure Canvassing (NM)		Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Category/Type 007		Check One: X Support Oppose			
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Disbursement For: X Primary General 2004	
Calendar Year-To-Date Per Election for Office Sought 76981.06				Other (specify): _____	

(a) SUBTOTAL of Itemized Independent Expenditures	61.48
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

M M / D D / Y Y Y Y
J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MATT RIVERA			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 5809 Hannett Avenue NE			Amount 100.00		
City State Zip Code Albuquerque NM 87110			Transaction ID: SE24.32367		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
49354.93					
Full Name (Last, First, Middle, Initial) of Payee MATT RIVERA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 5809 Hannett Avenue NE			Amount 245.00		
City State Zip Code Albuquerque NM 87110			Transaction ID: SE24.32440		
Purpose of Expenditure Canvassing (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
55399.70					
(a) SUBTOTAL of Itemized Independent Expenditures					345.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MATT RIVERA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 5809 Hannett Avenue NE			Amount 185.00		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32517		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			77166.06		

Full Name (Last, First, Middle, Initial) of Payee MATT RIVERA			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 5809 Hannett Avenue NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32544		
Purpose of Expenditure Phone bank (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			85216.87		

(a) SUBTOTAL of Itemized Independent Expenditures	215.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee RAYMOND RIVERA			Date M / D / Y 12 / 19 / 2003		
Mailing Address 5809 Hannett Avenue, NE			Amount 2876.74		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.31823		
Purpose of Expenditure Computer supplies (N-M)		Category/ Type	001	Office Sought: House State: <u>NM</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - NEW MEXICO PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			28547.80		
Full Name (Last, First, Middle, Initial) of Payee ROGER RIVERA			Date M / D / Y 12 / 18 / 2003		
Mailing Address 1335 Arcadian Trail NW			Amount 165.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32439		
Purpose of Expenditure Canvassing (NM)		Category/ Type	007	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			55154.70		
(a) SUBTOTAL of Itemized Independent Expenditures					3041.74
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M / D / Y 12 / 18 / 2003		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee ROGER RIVERA			Date M N / D E / Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 1335 Arcadian Trail NW			Amount 160.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32516		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
77326.06					
Full Name (Last, First, Middle, Initial) of Payee ROGER RIVERA			Date M N / D E / Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 1335 Arcadian Trail NW			Amount 30.00		
City Albuquerque	State NM	Zip Code 87107	Transaction ID: SE24.32545		
Purpose of Expenditure Phone bank (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
85246.87					

(a) SUBTOTAL of Itemized Independent Expenditures	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M N / J U / Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee VANESSA RIVERA			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 12808 Grand Avenue NE			Amount 100.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32391		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify):		
49554.93					

Full Name (Last, First, Middle, Initial) of Payee VANESSA RIVERA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 12808 Grand Avenue NE			Amount 85.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32422		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify):		
53219.70					

(a) SUBTOTAL of Itemized Independent Expenditures	185.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee VANESSA RIVERA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 12808 Grand Avenue NE			Amount 105.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32519		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
77431.06					

Full Name (Last, First, Middle, Initial) of Payee ASHLEY RODGERS			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 4717 Overland Street NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87108	Transaction ID: SE24.32520		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
77546.06					

(a) SUBTOTAL of Itemized Independent Expenditures	220.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee ASHLEY RODGERS			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 4717 Overland Street NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87109	Transaction ID: SE24.32546		
Purpose of Expenditure Phone bank (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
85276.87					
Full Name (Last, First, Middle, Initial) of Payee GERI ROMERO			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 10004 Edith Blvd. NE			Amount 120.00		
City Albuquerque	State NM	Zip Code 87113	Transaction ID: SE24.32521		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
77666.06					

(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

BRENDA SALAZAR

Date

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

Amount

40.00

Transaction ID: SE24.31959

Office Sought: House State: VT

Senate District: _____

☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

2219 Washington Avenue

City

Des Moines

State

IA

Zip Code

50317

Purpose of Expenditure

Wages (IA)

Category/

Type

001

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

70856.68

Full Name (Last, First, Middle, Initial) of Payee

GABE SALAZAR

Date

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

Amount

100.00

Transaction ID: SE24.32385

Office Sought: House State: VT

Senate District: _____

☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

3014 Quincy Street NE

City

Albuquerque

State

NM

Zip Code

87110

Purpose of Expenditure

Canvassing (NM)

Category/

Type

007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

49954.93

(a) SUBTOTAL of Itemized Independent Expenditures **140.00**

(b) SUBTOTAL of Unitemized Independent Expenditures **254.34**

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee GABE SALAZAR			Date M / D / Y 12 / 29 / 2003		
Mailing Address 3D14 Quincy Street NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32547		
Purpose of Expenditure Phone bank (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			85306.87		
Full Name (Last, First, Middle, Initial) of Payee MARIA SALAZAR			Date M / D / Y 12 / 20 / 2003		
Mailing Address 2219 Washington Avenue			Amount 40.00		
City Des Moines	State IA	Zip Code 50317	Transaction ID: SE24.31849		
Purpose of Expenditure Wages (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			70736.68		
(a) SUBTOTAL of Itemized Independent Expenditures					70.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M / D / Y 12 / 20 / 2003

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

65.00

Other (specify):

48554 93

180.00

Other (specify) :

79247 16

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee MICHAEL SEAVEY			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 11 Meadowbrook Lane			Amount 18.00		
City Litchfield	State NH	Zip Code 03052-2339	Transaction ID: SE24.31890		
Purpose of Expenditure Mileage (NH)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
79265.16					
Full Name (Last, First, Middle, Initial) of Payee MICHAEL SEAVEY			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 11 Meadowbrook Lane			Amount 84.00		
City Litchfield	State NH	Zip Code 03052-2339	Transaction ID: SE24.32139		
Purpose of Expenditure Wages (NH)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
95165.21					

(a) SUBTOTAL of Itemized Independent Expenditures	102.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check If ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee ROB SEMELROTH		Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3
Mailing Address 3863 Woodland Avenue, Apt. 3		Amount 40.00
City West Des Moines	State IA	Zip Code 50266
Purpose of Expenditure Wages (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Transaction ID: SE24.31905 Office Sought: House State: VT Senate District: _____ X Presidential
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose Disbursement For: X Primary General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee SHEFFIELD CENTER OF THE DETROIT ASSN. OF BLACK ORGANIZATIONS		Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3
Mailing Address 12048 Grand Rive Avenue		Amount 3600.00
City Detroit	State MI	Zip Code 48213
Purpose of Expenditure Office Rental Space (MI)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MICHIGAN PRIMARY		Transaction ID: SE24.31753 Office Sought: House State: MI Senate District: _____ X Presidential
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose Disbursement For: X Primary General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	3640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee ZINNIA SILLMENT			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 41 Mission Park Loop			Amount 230.00		
City Los Lunas	State NM	Zip Code 87031	Transaction ID: SE24.32421		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
53134.70					
Full Name (Last, First, Middle, Initial) of Payee ZINNIA SILLMENT			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 41 Mission Park Loop			Amount 155.00		
City Los Lunas	State NM	Zip Code 87031	Transaction ID: SE24.32523		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
77986.06					

(a) SUBTOTAL of Itemized Independent Expenditures	385.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee LINDA SILVA		Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3
Mailing Address 2618 Isleta Blvd. SW, Apt		Amount 215.00
City Albuquerque	State NM	Zip Code 87107
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		52904.70

Transaction ID: SE24.32419		
Office Sought:	House	State: VT
	Senate	District: _____
	☒ Presidential	
Check One:	☒ Support	☐ Oppose
Disbursement For:	☒ Primary	☐ General 2004
Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee LINDA SILVA		Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3
Mailing Address 2618 Isleta Blvd. SW, Apt		Amount 110.00
City Albuquerque	State NM	Zip Code 87107
Purpose of Expenditure Canvassing (NM)		Category/ Type 007
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		78096.06

Transaction ID: SE24.32524		
Office Sought:	House	State: VT
	Senate	District: _____
	☒ Presidential	
Check One:	☒ Support	☐ Oppose
Disbursement For:	☒ Primary	☐ General 2004
Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	325.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LINDA SILVA			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 2618 Isleta Blvd. SW, Apt			Amount 30.00		
City State Zip Code Albuquerque NM 87107			Transaction ID: SE24.32546		
Purpose of Expenditure Phone bank (NM)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 007			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
85336.87					
Full Name (Last, First, Middle, Initial) of Payee TIM SINNWELL			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 1131 Briar Ridge			Amount 40.00		
City State Zip Code West Des Moines IA 50265			Transaction ID: SE24.31839		
Purpose of Expenditure Wages (IA)			Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Category/Type 001			Check One: ☒ Support ☐ Oppose		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004		
Calendar Year-To-Date Per Election for Office Sought			Other (specify): _____		
70616.68					
(a) SUBTOTAL of Itemized Independent Expenditures					70.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee JULIE SMITH	Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3
Mailing Address 2525 170th Street	Amount 64.00
City Earlville	State IA
Zip Code 52041	Transaction ID: SE24.32031
Purpose of Expenditure Wages (IA)	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential
Category/Type 001	Check One: ☒ Support ☐ Oppose
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought	72208.68

Full Name (Last, First, Middle, Initial) of Payee TINNEI SOO	Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3
Mailing Address 13304 Cloudview Avenue NE	Amount 100.00
City Albuquerque	State NM
Zip Code 87123	Transaction ID: SE24.32382
Purpose of Expenditure Canvassing (NM)	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential
Category/Type 007	Check One: ☒ Support ☐ Oppose
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN	Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought	49654.93

(a) SUBTOTAL of Itemized Independent Expenditures	164.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee TINNEI SOO			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 13304 Cloudview Avenue NE			Amount 140.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32416		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
52689.70					

Full Name (Last, First, Middle, Initial) of Payee TINNEI SOO			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 13304 Cloudview Avenue NE			Amount 115.00		
City Albuquerque	State NM	Zip Code 87123	Transaction ID: SE24.32525		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
78211.06					

(a) SUBTOTAL of Itemized Independent Expenditures	255.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LIUDMILA SORIA			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 8736 SW Via del Oro			Amount 240.00		
City State Zip Code Albuquerque NM 87121			Transaction ID: SE24.32417		
Purpose of Expenditure Canvassing (NM)			Office Sought: House Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			52549.70		
Full Name (Last, First, Middle, Initial) of Payee LIUDMILA SORIA			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 8736 SW Via del Oro			Amount 165.00		
City State Zip Code Albuquerque NM 87121			Transaction ID: SE24.32526		
Purpose of Expenditure Canvassing (NM)			Office Sought: House Senate District: _____ ☒ Presidential		
Category/Type 007					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			78376.06		
(a) SUBTOTAL of Itemized Independent Expenditures					405.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____					Date M M / D D / Y Y Y Y _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LIUDMILA SORIA			Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3		
Mailing Address 8736 SW Via del Oro			Amount 30.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32549		
Purpose of Expenditure Phone bank (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004		
			Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee SOUTH CAROLINA DEMOCRATIC PARTY - FED ACCT			Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address 1517 BLANDING STREET			Amount 35000.00		
City COLUMBIA	State SC	Zip Code 29201	Transaction ID: SE24.31617		
Purpose of Expenditure Voter List (SC)		Category/ Type	Office Sought: House State: <u>SC</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - SOUTH CAROLINA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004		
			Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			44629.62		

(a) SUBTOTAL of Itemized Independent Expenditures	35030.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee STAPLES			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 115 Conley Road			Amount 555.19		
City Columbia	State MO	Zip Code 65201	Transaction ID: SE24.32226		
Purpose of Expenditure Office supplies (MO)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
113020.58					
Full Name (Last, First, Middle, Initial) of Payee STRATEGIC CONSULTING GROUP			Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3		
Mailing Address 4318 N. Elston Avenue Suite 200			Amount 10000.00		
City Chicago	State IL	Zip Code 60641	Transaction ID: SE24.31750		
Purpose of Expenditure Consulting Services (MO)		Category/ Type 001	Office Sought: House State: MO Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - MISSOURI PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
15648.49					

(a) SUBTOTAL of Itemized Independent Expenditures	10555.19
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

G 000011114

Check if ☐ 24-hour notice ☐ 48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN	Date M N / D C / Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 3300 16th St, NW, Apt 513	Amount 354.60	
City Washington	State DC	Zip Code 20010
Purpose of Expenditure Salaries (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY	Office Sought: House State: <u>IA</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought	Check One: X Support Oppose	
	Disbursement For: X Primary General 2004 Other (specify): _____	
Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN	Date M N / D C / Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 3300 16th St, NW, Apt 513	Amount 576.96	
City Washington	State DC	Zip Code 20010
Purpose of Expenditure Salaries (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: SUSAN A DAVIS	Office Sought: X House State: <u>CA</u> Senate District: <u>49</u> Presidential	
Calendar Year-To-Date Per Election for Office Sought	Check One: X Support Oppose	
	Disbursement For: X Primary General 2004 Other (specify): _____	

(a) SUBTOTAL of Itemized Independent Expenditures	931.56
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(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
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(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN				Date M M / D D / Y Y Y Y 1 2 / 2 4 / 2 0 0 3	
Mailing Address 3300 16th St, NW, Apt 513				Amount 576.96	
City Washington		State DC	Zip Code 20010	Transaction ID: SE24.31801	
Purpose of Expenditure Salaries (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				81604.92	

Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 3300 16th St, NW, Apt 513				Amount 424.16	
City Washington		State DC	Zip Code 20010	Transaction ID: SE24.32035	
Purpose of Expenditure Salaries (IA)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				85821.03	

(a) SUBTOTAL of Itemized Independent Expenditures	1001.12
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y
 J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 375 / 404
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 3300 16th St, NW, Apt 513			Amount 17.28		
City State Zip Code Washington DC 20010			Transaction ID: SE24.32036		
Purpose of Expenditure Travel expenses (IA)			Office Sought: House Senate District: <u>VT</u> ☒ Presidential		
Category/Type 002					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 85838.31			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

Full Name (Last, First, Middle, Initial) of Payee ADAM C. SULLIVAN			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 3300 16th St, NW, Apt 513			Amount 30.24		
City State Zip Code Washington DC 20010			Transaction ID: SE24.32126		
Purpose of Expenditure Travel expenses (IA)			Office Sought: House Senate District: <u>VT</u> ☒ Presidential		
Category/Type 002					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought 111937.09			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		

(a) SUBTOTAL of Itemized Independent Expenditures	47.52
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

SURPLUS OFFICE EQUIPMENT

Date

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

Amount

431.00

Transaction ID: SE24.31724

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

295 Lincoln Street

City

Manchester

State

NH

Zip Code

03103-5027

Purpose of Expenditure

Office furniture (NH)

Category/
Type

001

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

39086.59

Full Name (Last, First, Middle, Initial) of Payee

CARLO TENORIO

Date

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

Amount

185.00

Transaction ID: SE24.32416

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

Mailing Address

435 Charleston Street NE

City

Albuquerque

State

NM

Zip Code

87108

Purpose of Expenditure

Canvassing (NM)

Category/
Type

007

Name of Federal Candidate supported or Opposed by expenditure:

HOWARD DEAN

Calendar Year-To-Date Per Election

for Office Sought

52309.70

(a) **SUBTOTAL** of Itemized Independent Expenditures **616.00**

(b) **SUBTOTAL** of Unitemized Independent Expenditures **254.34**

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee CARLO TENORIO			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 435 Charleston Street NE			Amount 110.00		
City Albuquerque	State NM	Zip Code 87108	Transaction ID: SE24.32527		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
78486.06					
Full Name (Last, First, Middle, Initial) of Payee CARLO TENORIO			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 435 Charleston Street NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87108	Transaction ID: SE24.32550		
Purpose of Expenditure Phone bank (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
85366.87					

(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114	
Check if	24-hour notice	48-hour notice		
Full Name (Last, First, Middle, Initial) of Payee NICOLE S THOMPSON			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3	
Mailing Address 1020 Ashworth, Apt. 401			Amount 807.70	
City West Des Moines		State IA	Transaction ID: SE24.31852	
Zip Code 50265				
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: ☒ House State: <u>CA</u> ☐ Senate District: <u>49</u> ☐ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: SUSAN A DAVIS			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
			807.70	

Full Name (Last, First, Middle, Initial) of Payee NICOLE S THOMPSON			Date M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 3	
Mailing Address 1020 Ashworth, Apt. 401			Amount 27.72	
City West Des Moines		State IA	Transaction ID: SE24.31653	
Zip Code 50265				
Purpose of Expenditure Travel expenses (IA)		Category/ Type	Office Sought: ☐ House State: <u>VT</u> ☒ Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
			37784.36	

(a) SUBTOTAL of Itemized Independent Expenditures	835.42
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U N Y Y Y

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X.

G 000011114

Check if ☐ 24-hour notice ☐ 48-hour notice			Date		
Full Name (Last, First, Middle, Initial) of Payee			M / N / D	E / Y	Y / Y
NICOLE S THOMPSON			12 / 19	2003	
Mailing Address			Amount		
1020 Ashworth, Apt. 4D1				807.70	
City	State	Zip Code	Transaction ID: SE24.31712		
West Des Moines	IA	50265	Office Sought:	House	State: VT
Purpose of Expenditure				Senate	District: _____
Salaries (IA)	Category/Type	001	X	Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	X Support	Oppose
HOWARD DEAN			Disbursement For: X Primary General 2004		
Calendar Year-To-Date Per Election for Office Sought	68677.72		Other (specify): _____		
Full Name (Last, First, Middle, Initial) of Payee			Date		
NICOLE S THOMPSON			M / N / D	E / Y	Y / Y
Mailing Address			Amount		
1020 Ashworth, Apt. 4D1				171.36	
City	State	Zip Code	Transaction ID: SE24.31713		
West Des Moines	IA	50265	Office Sought:	House	State: VT
Purpose of Expenditure				Senate	District: _____
Travel expenses (IA)	Category/Type	002	X	Presidential	
Name of Federal Candidate supported or Opposed by expenditure:			Check One:	X Support	Oppose
HOWARD DEAN			Disbursement For: X Primary General 2004		
Calendar Year-To-Date Per Election for Office Sought	68849.08		Other (specify): _____		

(c) **TOTAL** Independent Expenditures

Date _____

FEC Schedule E (Form 3X) Rev. 02/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee NICOLE S THOMPSON			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1020 Ashworth, Apt. 401			Amount 578.19		
City West Des Moines			Transaction ID: SE24.32057		
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 50265					
Purpose of Expenditure Salaries (IA)			Category/ Type 001		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			92042.96		

Full Name (Last, First, Middle, Initial) of Payee NICOLE S THOMPSON			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 1020 Ashworth, Apt. 401			Amount 807.70		
City West Des Moines			Transaction ID: SE24.32078		
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 50265					
Purpose of Expenditure Salaries (IA)			Category/ Type 001		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			100477.05		

(a) SUBTOTAL of Itemized Independent Expenditures	1385.89
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee NICOLE S THOMPSON			Date M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 1020 Ashworth, Apt. 4D1			Amount 98.64		
City West Des Moines	State IA	Zip Code 50265	Transaction ID: SE24.32099		
Purpose of Expenditure Travel expenses (IA)		Category/ Type 002	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
108982.68					
Full Name (Last, First, Middle, Initial) of Payee THUNDER NETWORK			Date M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 3		
Mailing Address 3150 Carlisle, #112			Amount 63.49		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32466		
Purpose of Expenditure Internet for office (NM)		Category/ Type 001	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
57787.94					

(a) SUBTOTAL of Itemized Independent Expenditures	162.13
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee United States Postal Service - NM				Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3	
Mailing Address Uptown Station				Amount 600.00	
City Albuquerque		State NM	Zip Code 87110	Transaction ID: SE24.32108	
Purpose of Expenditure Postage (NM)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				84886.87	
Full Name (Last, First, Middle, Initial) of Payee United States Postal Service - NM				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address Uptown Station				Amount 740.00	
City Albuquerque		State NM	Zip Code 87110	Transaction ID: SE24.32109	
Purpose of Expenditure Postage (NM)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				94532.64	
(a) SUBTOTAL of Itemized Independent Expenditures					1340.00
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee UPS STORE		Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3
Mailing Address 816 Elm Street		Amount 9.95
City Manchester	State NH	Zip Code 03101
Purpose of Expenditure Postage (NH)		Category/ Type 001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE24.31726 Office Sought: House State: VT Senate District: _____ X Presidential Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought		50378.86

Full Name (Last, First, Middle, Initial) of Payee ALMA VILLARREAL-DANIELS		Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3
Mailing Address 6904 W. Oraibi Drive		Amount 692.31
City Glendale	State AZ	Zip Code 85308
Purpose of Expenditure Salaries (NV)		Category/ Type 001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		
Calendar Year-To-Date Per Election for Office Sought		Transaction ID: SE24.31704 Office Sought: House State: VT Senate District: _____ X Presidential Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____
Calendar Year-To-Date Per Election for Office Sought		65446.81

(a) SUBTOTAL of Itemized Independent Expenditures	702.26
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ALMA VILLARREAL-DANIELS			Date M / D / Y 12 / 24 / 2003		
Mailing Address 6304 W. Oraibi Drive			Amount 692.31		
City Glendale			Transaction ID: SE24.31802		
State AZ			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 85308			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Salaries (NV)			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought			82297.23		

Full Name (Last, First, Middle, Initial) of Payee ALMA VILLARREAL-DANIELS			Date M / D / Y 12 / 30 / 2003		
Mailing Address 6304 W. Oraibi Drive			Amount 560.13		
City Glendale			Transaction ID: SE24.32037		
State AZ			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 85308			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Salaries (NV)			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought			86398.44		

(a) SUBTOTAL of Itemized Independent Expenditures	1252.44
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date M / D / Y
 12 / 30 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF	24-hour notice	48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee ANTOINETTE WALTON			Date M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 3		
Mailing Address 332 Vista del Angel			Amount 100.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32366		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
49454.93					

Full Name (Last, First, Middle, Initial) of Payee ANTOINETTE WALTON			Date M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 3		
Mailing Address 332 Vista del Angel			Amount 100.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32415		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
52124.70					

(a) SUBTOTAL of Itemized Independent Expenditures	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ANTOINETTE WALTON			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 332 Vista del Angel			Amount 55.00		
City Albuquerque	State NM	Zip Code 87121	Transaction ID: SE24.32526		
Purpose of Expenditure Canvassing (NM)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			78541.06		
Full Name (Last, First, Middle, Initial) of Payee LENOX WANJOHI			Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1608 Chatham Avenue			Amount 469.52		
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.32058		
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			92512.48		
(a) SUBTOTAL of Itemized Independent Expenditures					524.52
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____			Date M M / D D / Y Y Y Y _____		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee LENOX WANJOHI			Date M / N / D Y / Y / Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 1808 Chatham Avenue			Amount 576.80		
City Earlville			Transaction ID: SE24.32079		
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 52041-8669			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Salaries (IA)			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Category/ Type 001					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought 101053.85					

Full Name (Last, First, Middle, Initial) of Payee LENOX WANJOHI			Date M / N / D Y / Y / Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 1808 Chatham Avenue			Amount 540.36		
City Earlville			Transaction ID: SE24.32100		
State IA			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Zip Code 52041-8669			Check One: ☒ Support ☐ Oppose		
Purpose of Expenditure Travel expenses (IA)			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Category/ Type 002					
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN					
Calendar Year-To-Date Per Election for Office Sought 109523.04					

(a) SUBTOTAL of Itemized Independent Expenditures	1117.16
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / N / D Y / Y / Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee TINA WARNER			Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3		
Mailing Address 928 Oakridge Drive, Bldg 912-22			Amount 40.00		
City Des Moines	State IA	Zip Code 50314	Transaction ID: SE24.31973		
Purpose of Expenditure Wages (IA)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			71136.68		

Full Name (Last, First, Middle, Initial) of Payee NICOLE WEISS			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address P.O. Box 123			Amount 115.00		
City Tijeras	State NM	Zip Code 87059	Transaction ID: SE24.32529		
Purpose of Expenditure Canvassing (NM)		Category/ Type	007	Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			78656.06		

(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M M / D D / Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / D / Y 12 / 19 / 2003	
Mailing Address 1633 265th Avenue			Amount 653.77	
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.31707	
Purpose of Expenditure Salaries (IA)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Category/Type 001			Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought 67070.45				

Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / D / Y 12 / 19 / 2003	
Mailing Address 1633 265th Avenue			Amount 47.52	
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.31709	
Purpose of Expenditure Travel expenses (IA)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Category/Type 002			Check One: ☒ Support ☐ Oppose	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought 67117.97				

(a) SUBTOTAL of Itemized Independent Expenditures	701.29
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 12 / 19 / 2003

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FEC IDENTIFICATION NUMBER

G 000011114

Date _____

12 19 2003

Amount

653.77

Transaction ID: SE24.31710

Office Sought: House State: VT

Senate District: _____

4. ☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify):

Date _____

12 19 2003

Amount

98.28

Transaction ID: SE24.31711

Office Sought: House State: VT

Senate District:

X Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify) :

(c) **TOTAL** Independent Expenditures \$ 1,000,000.00

Date _____

FE30ND37

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / D / Y 12 / 24 / 2003		
Mailing Address 1633 265th Avenue			Amount 653.77		
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.35564		
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: House State: <u>IA</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN - IOWA PRIMARY			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			85889.42		

Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / D / Y 12 / 30 / 2003		
Mailing Address 1633 265th Avenue			Amount 509.75		
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.32060		
Purpose of Expenditure Salaries (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			93022.23		

(a) SUBTOTAL of Itemized Independent Expenditures	1163.52
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 J U L Y 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / N / D Y Y Y 1 2 / 3 0 / 2 0 0 3		
Mailing Address 1633 265th Avenue			Amount 123.84		
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.32061		
Purpose of Expenditure Travel expenses (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			93146.07		

Full Name (Last, First, Middle, Initial) of Payee ROBIN R. WHITE			Date M / N / D Y Y Y 1 2 / 3 1 / 2 0 0 3		
Mailing Address 1633 265th Avenue			Amount 119.88		
City Earlville	State IA	Zip Code 52041-8669	Transaction ID: SE24.32101		
Purpose of Expenditure Travel expenses (IA)		Category/ Type	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			109642.92		

(a) SUBTOTAL of Itemized Independent Expenditures	243.72
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / N / D Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FED IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee ASHLEY WILDER			Date M / D / Y 12 / 23 / 2003	
Mailing Address 4 Fieldstone Drive			Amount 180.00	
City Hooksett	State NH	Zip Code 03106-1204	Transaction ID: SE24.31865	
Purpose of Expenditure Wages (NH)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			79063.56	

Full Name (Last, First, Middle, Initial) of Payee ASHLEY WILDER			Date M / D / Y 12 / 23 / 2003	
Mailing Address 4 Fieldstone Drive			Amount 3.60	
City Hooksett	State NH	Zip Code 03106-1204	Transaction ID: SE24.31887	
Purpose of Expenditure Mileage (NH)			Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought			79067.16	

(a) SUBTOTAL of Itemized Independent Expenditures	183.60
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M / D / Y 12 / 23 / 2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check if ☐ 24-hour notice	☐ 48-hour notice				
Full Name (Last, First, Middle, Initial) of Payee SAM WILHELM			Date M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 3		
Mailing Address 1404 Espanola Street NE			Amount 120.00		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32530		
Purpose of Expenditure Canvassing (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
78776.06					
Full Name (Last, First, Middle, Initial) of Payee SAM WILHELM			Date M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 3		
Mailing Address 1404 Espanola Street NE			Amount 30.00		
City Albuquerque	State NM	Zip Code 87110	Transaction ID: SE24.32551		
Purpose of Expenditure Phone bank (NM)		Category/ Type 007	Office Sought: House State: VT Senate District: _____ ☒ Presidential		
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
85396.87					

(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

67.50

45.00

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED		FED IDENTIFICATION NUMBER C C00011114
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Check If ☐ 24-hour notice ☐ 48-hour notice Full Name (Last, First, Middle, Initial) of Payee RUTH WILLIAMS		Date M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 3
Mailing Address 5501 SE 8th Street		Amount 40.00
City Des Moines	State IA	Zip Code 50315
Purpose of Expenditure Wages (IA)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Transaction ID: SE24.32003 Office Sought: House State: VT Senate District: _____ X Presidential
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

Full Name (Last, First, Middle, Initial) of Payee WHITNEY WILLIAMS		Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3
Mailing Address 445 S. Francestown Road		Amount 165.00
City Greenfield	State NH	Zip Code 03047
Purpose of Expenditure Wages (NH)	Category/ Type	001
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN		Transaction ID: SE24.31811 Office Sought: House State: VT Senate District: _____ X Presidential
Calendar Year-To-Date Per Election for Office Sought		Check One: ☒ Support ☐ Oppose Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____

(a) SUBTOTAL of Itemized Independent Expenditures	205.00
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date M M / D D / Y Y Y Y J U L Y 2 0 0 3

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee WHITNEY WILLIAMS				Date M M / D D / Y Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 445 S. Francestown Road				Amount 39.60	
City Greenfield		State NH	Zip Code 03047		
Purpose of Expenditure Mileage (NH)		Category/ Type		002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31313	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Full Name (Last, First, Middle, Initial) of Payee WHITNEY WILLIAMS				Date M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 0 3	
Mailing Address 445 S. Francestown Road				Amount 45.00	
City Greenfield		State NH	Zip Code 03047		
Purpose of Expenditure Wages (NH)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.32145	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				95485.19	
(a) SUBTOTAL of Itemized Independent Expenditures				84.60	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee ELENA WILSON				Date M / N / D E C / Y Y Y 1 2 / 2 0 / 2 0 0 3	
Mailing Address 1997 Bible Road				Amount 60.00	
City Francestown		State NH	Zip Code 03458		Transaction ID: SE24.31860
Purpose of Expenditure Wages (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				70011.88	
Full Name (Last, First, Middle, Initial) of Payee ELENA WILSON				Date M / N / D E C / Y Y Y 1 2 / 2 3 / 2 0 0 3	
Mailing Address 1997 Bible Road				Amount 82.50	
City Francestown		State NH	Zip Code 03458		Transaction ID: SE24.31884
Purpose of Expenditure Wages (NH)		Category/ Type		Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____	
				78883.56	
(a) SUBTOTAL of Itemized Independent Expenditures					142.50
(b) SUBTOTAL of Unitemized Independent Expenditures					254.34
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M / N / D E C / Y Y Y _____	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON				Date M / D / Y 12 / 05 / 2003	
Mailing Address 1524 5th Avenue, SE Apt. D				Amount 692.31	
City Cedar Rapids		State IA	Zip Code 52403		
Purpose of Expenditure Salaries (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31854	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				38476.67	

Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON				Date M / D / Y 12 / 05 / 2003	
Mailing Address 1524 5th Avenue, SE Apt. D				Amount 178.92	
City Cedar Rapids		State IA	Zip Code 52403		
Purpose of Expenditure Travel expenses (IA)		Category/ Type		002	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31655	
Calendar Year-To-Date Per Election for Office Sought				Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
				Check One: ☒ Support ☐ Oppose	
				Disbursement For: ☒ Primary General 2004 Other (specify): _____	
Calendar Year-To-Date Per Election for Office Sought				38655.59	

(a) SUBTOTAL of Itemized Independent Expenditures	871.23
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date

M / D / Y
 12 / 05 / 2003

ITEMIZED INDEPENDENT EXPENDITURES

FOR LINE 24 OF FORM 3X

FEC IDENTIFICATION NUMBER

Other (specify) :

FEC Schedule E (Form 3X) Rev. 02/2003

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED				FEC IDENTIFICATION NUMBER C C00011114	
Check IF 24-hour notice 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 1524 5th Avenue, SE Apt. D				Amount 692.31	
City Cedar Rapids		State IA		Zip Code 52403	
Purpose of Expenditure Salaries (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31705 Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____	
66139.12					
Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	
Mailing Address 1524 5th Avenue, SE Apt. D				Amount 277.56	
City Cedar Rapids		State IA		Zip Code 52403	
Purpose of Expenditure Travel (IA)		Category/ Type		001	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN				Transaction ID: SE24.31706 Office Sought: House State: <u>VT</u> Senate District: _____ X Presidential	
Calendar Year-To-Date Per Election for Office Sought				Check One: X Support Oppose Disbursement For: X Primary General 2004 Other (specify): _____	
66416.68					
(a) SUBTOTAL of Itemized Independent Expenditures				969.87	
(b) SUBTOTAL of Unitemized Independent Expenditures				254.34	
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature _____				Date M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 3	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM- PLOYEES - P E O P L E, QUALIFIED			FEC IDENTIFICATION NUMBER C C00011114		
Check ☐ 24-hour notice ☐ 48-hour notice					
Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON			Date M / D / Y 12 / 30 / 2003		
Mailing Address 1524 5th Avenue, SE Apt. D			Amount 537.49		
City Cedar Rapids	State IA	Zip Code 52403	Transaction ID: SE24.32062		
Purpose of Expenditure Salaries (IA)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			93683.56		

Full Name (Last, First, Middle, Initial) of Payee NORA S WILSON			Date M / D / Y 12 / 30 / 2003		
Mailing Address 1524 5th Avenue, SE Apt. D			Amount 109.08		
City Cedar Rapids	State IA	Zip Code 52403	Transaction ID: SE24.32063		
Purpose of Expenditure Travel expenses(IA)		Category/ Type	001	Office Sought: House State: <u>VT</u> Senate District: _____ ☒ Presidential	
Name of Federal Candidate supported or Opposed by expenditure: HOWARD DEAN			Check One: ☒ Support ☐ Oppose		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2004 Other (specify): _____		
Calendar Year-To-Date Per Election for Office Sought			93792.64		

(a) SUBTOTAL of Itemized Independent Expenditures	646.57
(b) SUBTOTAL of Unitemized Independent Expenditures	254.34
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date M / D / Y
 _____ 12 / 30 / 2003

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)
 AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EM-
 PLOYEES - P E O P L E, QUALIFIED

FEC IDENTIFICATION NUMBER

C C00011114

Check if 24-hour notice 48-hour notice

Full Name (Last, First, Middle, Initial) of Payee

NORA S WILSON

Date

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

Amount

246.92

Transaction ID: SE24.32092

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

City State Zip Code
 Cedar Rapids IA 52403

Purpose of Expenditure Category/
 Travel expenses (IA) Type 002

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN

Calendar Year-To-Date Per Election
 for Office Sought 108088.08

Full Name (Last, First, Middle, Initial) of Payee

NORA S WILSON

Date

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

Amount

692.31

Transaction ID: SE24.32102

Office Sought: House State: VT
 Senate District: _____
☒ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☒ Primary ☐ General 2004

Other (specify): _____

City State Zip Code
 Cedar Rapids IA 52403

Purpose of Expenditure Category/
 Salaries (IA) Type 001

Name of Federal Candidate supported or Opposed by expenditure:
 HOWARD DEAN

Calendar Year-To-Date Per Election
 for Office Sought 110335.23

(a) SUBTOTAL of Itemized Independent Expenditures 939.23

(b) SUBTOTAL of Unitemized Independent Expenditures 254.34

(c) TOTAL Independent Expenditures 463494.50

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date

M M / D D / Y Y Y Y

Signature