

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 03 01 2006 through 03 31 2006

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

Type or Print Name of Treasurer WILLIAM LUCY

Signature of Treasurer Electronically Filed by WILLIAM LUCY Date 04 20 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

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| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |            |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 2111142.91 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |            |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |            |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 2513374.90              |                                   |   |   |   |   |   |   |  |            |
| (c) Total Receipts (from Line 19) .....   | 574617.26               | 1607037.91                        |   |   |   |   |   |   |  |            |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 3087992.16              | 3718180.82                        |   |   |   |   |   |   |  |            |
| 7. Total Disbursements (from Line 31) .....   | 400350.82               | 1030539.48                        |   |   |   |   |   |   |  |            |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 2687641.34              | 2687641.34                        |   |   |   |   |   |   |  |            |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |            |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 1140888.92              |                                   |   |   |   |   |   |   |  |            |

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 15665.02                      | 22694.20                          |
| (i) Itemized (use Schedule A) .....  | 520638.20                     | 1410532.09                        |
| (ii) Unitemized .....  | 536303.22                     | 1433226.29                        |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (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) .....     | 536303.22                     | 1433226.29                        |
| 12. Transfers From Affiliated/Other Party Committees .....   | 37419.64                      | 171392.41                         |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 894.40                        | 2419.21                           |
| 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)) .....                          | 574617.26                     | 1607037.91                        |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 574617.26                     | 1607037.91                        |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 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.....   | 1720.58                               | 48247.26                                  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                         | 1720.58                               | 48247.26                                  |
| 22. Transfers to Affiliated/Other Party Committees.....   | 60000.00                              | 260000.00                                 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 195500.00                             | 288872.07                                 |
| 24. Independent Expenditure (use Schedule E) .....  | 17614.08                              | 57548.49                                  |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....  | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....   | 125000.00                             | 375000.00                                 |
| 27. Loans Made.....   | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:  |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                   | 516.16                                | 871.66                                    |
| (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)) .....                            | 516.16                                | 871.66                                    |
| 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))..        | 400350.82                             | 1030539.48                                |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 400350.82                             | 1030539.48                                |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 536303.22                     | 1433226.29                        |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 516.16                        | 871.66                            |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 535787.06                     | 1432354.63                        |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1720.58                       | 48247.26                          |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1720.58                       | 48247.26                          |

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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 6 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

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

|   |                                      |  |  |
|---|--------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RICHARD ABELSON</b>  |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 22 / 2006 |  |
| Mailing Address <b>4315 N. LAKE DRIVE</b>   |                                      | <b>Transaction ID: SA11A1.70584</b>                      |  |
| City <b>SHOREWOOD</b>   | State <b>WI</b>                      | Amount of Each Receipt this Period<br>37.50              |  |
| Zip Code <b>53211</b>   |                                      |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |  |  |
| Name of Employer <b>AFSCME WI CN 48</b>   | Occupation <b>EXECUTIVE DIRECTOR</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00   |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. TRACEY ABMAN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address <b>3136 N. SEMINARY</b>   |   | <b>Transaction ID: SA11A1.69941</b>                      |  |
| City <b>CHICAGO</b>   | State <b>IL</b>                         | Amount of Each Receipt this Period<br>74.88              |  |
| Zip Code <b>60657</b>   |   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer <b>AFSCME IL CN 31</b>   | Occupation <b>DIRECTOR OF ORGANIZER</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>224.64      |  |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOSE D ALDRETE JR.</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2006 |  |
| Mailing Address <b>29 Viewpoint Circle</b>  |  | <b>Transaction ID: SA11A1.70934</b>                      |  |
| City <b>Pomona</b>  | State <b>CA</b>                        | Amount of Each Receipt this Period<br>10.00              |  |
| Zip Code <b>91766</b>   |  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer <b>AFSCME CA LOC 1902</b>  | Occupation <b>STAFF REPRESENTATIVE</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00     |  |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 122.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 133                 |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
KENNETH L. ALLEN

Mailing Address 7935 SW SANTOLINA PL.

City State Zip Code  
BEAVERTON OR 97008

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

Name of Employer Occupation  
AFSCME OR CN 75 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 287.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.69673

Amount of Each Receipt this Period  
87.00

**B.** Full Name (Last, First, Middle Initial)  
KENNETH L. ALLEN

Mailing Address 7935 SW SANTOLINA PL.

City State Zip Code  
BEAVERTON OR 97008

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

Name of Employer Occupation  
AFSCME OR CN 75 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: SA11A1.70690

Amount of Each Receipt this Period  
13.00

**C.** Full Name (Last, First, Middle Initial)  
CAROL ANDERSON

Mailing Address 202 Hermit Street

City State Zip Code  
Juneau AK 99801

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

Name of Employer Occupation  
AFSCME INT'L STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.35

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70276

Amount of Each Receipt this Period  
45.07

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 145.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |                              |                             |
|--|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 133                 |                              |                             |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CAROL ANDERSON</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 202 Hermit Street   |   | <b>Transaction ID: SA11A1.70731</b>                      |  |
| City State Zip Code<br>Juneau AK 99801  | Amount of Each Receipt this Period<br>45.07 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>STAFF REPRESENTATIVE          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.42          |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID ANTLE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address R. R. #2 , BOX 2202   |   | <b>Transaction ID: SA11A1.70243</b>                      |  |
| City State Zip Code<br>MOSCOW PA 18444  | Amount of Each Receipt this Period<br>96.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00          |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LOUISA ARCE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 303 HAWTHORNE BLVD  |   | <b>Transaction ID: SA11A1.69615</b>                      |  |
| City State Zip Code<br>DELAWARE OH 43015  | Amount of Each Receipt this Period<br>78.06 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>CONTROLLER                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>234.18          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 219.13 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |



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

|  |  |              |
|--|--|--------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |              |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES D. AUGUST</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 5204 Andover Road   |   | Transaction ID: SA11A1.70277                               |  |
| City State Zip Code<br>Chevy Chase MD 20815   | Amount of Each Receipt this Period<br>45.07       |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, HEALTH & SAFETY |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.35                |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES D. AUGUST</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 5204 Andover Road   |   | Transaction ID: SA11A1.70732                               |  |
| City State Zip Code<br>Chevy Chase MD 20815   | Amount of Each Receipt this Period<br>45.07       |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, HEALTH & SAFETY |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.42                |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARCIE BALOW</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 6800 Fleetwood Road, #1118  |   | Transaction ID: SA11A1.70278                               |  |
| City State Zip Code<br>McLean VA 22101  | Amount of Each Receipt this Period<br>53.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, AFFILIATE RELATIONS |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>268.65          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 143.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 10 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MARCIE BALOW</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 6800 Fleetwood Road, #1118  |   | <b>Transaction ID: SA11A1.70733</b>                        |  |
| City State Zip Code<br>McLean VA 22101  | Amount of Each Receipt this Period<br>53.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, AFFILIATE RELATIONS |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MARY ANN BARNETT</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1155 Lakepointe   |   | <b>Transaction ID: SA11A1.70734</b>                        |  |
| City State Zip Code<br>Grosse Pointe Park MI 48230  | Amount of Each Receipt this Period<br>40.45       |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, ORGAIZING DVLPT |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>239.46                |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL D. BAUER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 414 COLGATE AVENUE  |   | <b>Transaction ID: SA11A1.69617</b>                        |  |
| City State Zip Code<br>ELYRIA OH 44035  | Amount of Each Receipt this Period<br>79.88 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>STAFF REPRESENTATIVE          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>239.64          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 174.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 11 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>HENRY BAYER  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |
| Mailing Address 1507 W. CHASE STREET  |  | <b>Transaction ID:</b> SA11A1.69926                      |
| City State Zip Code<br>CHICAGO IL 60626   | Amount of Each Receipt this Period<br>104.24 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>EXECUTIVE DIRECTOR             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>364.72           |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>HENRY BAYER  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |
| Mailing Address 1507 W. CHASE STREET  |   | <b>Transaction ID:</b> SA11A1.70691                      |
| City State Zip Code<br>CHICAGO IL 60626   | Amount of Each Receipt this Period<br>26.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>EXECUTIVE DIRECTOR            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>390.72          |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>KENT BEAUCHAMP   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |
| Mailing Address 2309 MARINERS POINT LANE  |   | <b>Transaction ID:</b> SA11A1.69927                      |
| City State Zip Code<br>SPRINGFIELD IL 62707   | Amount of Each Receipt this Period<br>71.38 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>REGIONAL DIRECTOR             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.14          |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 201.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 12 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DENNIS BEAULIEU  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 8802 Edison Lane  |   | <b>Transaction ID:</b> SA11A1.70735                      |  |
| City State Zip Code<br>Clinton MD 20735   | Amount of Each Receipt this Period<br>36.50 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>Manager, Financial Services   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.00          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MICHAEL BEGATTO  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 301 HEDGEROW LANE   |   | <b>Transaction ID:</b> SA11A1.69720                      |  |
| City State Zip Code<br>WILMINGTON DE 19807  | Amount of Each Receipt this Period<br>82.86 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME DE CN 81   | Occupation<br>EXECUTIVE DIRECTOR            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>256.97          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOSEPH BELLA   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 6824 N. SEELEY AVENUE   |   | <b>Transaction ID:</b> SA11A1.69929                      |  |
| City State Zip Code<br>CHICAGO IL 60645   | Amount of Each Receipt this Period<br>71.38 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>REGIONAL DIRECTOR             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.14          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 190.74 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 13 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
**CHARLES BENN**

Mailing Address **5059A HAVERFORD ROAD**

City **HARRISBURG** State **PA** Zip Code **17109**

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

Name of Employer **AFSCME PA CN 13** Occupation **ASSISTANT DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **231.60**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70171**

Amount of Each Receipt this Period  
**79.18**

**B.** Full Name (Last, First, Middle Initial)  
**PAULA BENTLEY**

Mailing Address **3701 Oakview Drive**

City **Orlando** State **FL** Zip Code **32812**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.55**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70281**

Amount of Each Receipt this Period  
**77.31**

**C.** Full Name (Last, First, Middle Initial)  
**PAULA BENTLEY**

Mailing Address **3701 Oakview Drive**

City **Orlando** State **FL** Zip Code **32812**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **463.86**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70736**

Amount of Each Receipt this Period  
**77.31**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>233.80</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 14 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DAVID BIELSKI  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 1519 WOODLAND   |   | <b>Transaction ID:</b> SA11A1.70226                      |  |
| City State Zip Code<br>FRANKLIN PA 16323  | Amount of Each Receipt this Period<br>96.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>KAREN BLACK  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 65 LUMBER STREET  |   | <b>Transaction ID:</b> SA11A1.70172                      |  |
| City State Zip Code<br>HIGHSPIRE PA 17034   | Amount of Each Receipt this Period<br>92.66 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>ASSISTANT DIRECTOR            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>251.82          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>BARRY BOGARDE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 4303 VERMONT COURT  |   | <b>Transaction ID:</b> SA11A1.70173                      |  |
| City State Zip Code<br>HARRISBURG PA 17112  | Amount of Each Receipt this Period<br>92.66 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>LEGISLATIVE DIRECTOR          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>277.98          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 281.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 15 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| A. Full Name (Last, First, Middle Initial)<br>REGINA BOLAND   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 1948 Kirby Road   |  | Transaction ID: SA11A1.70282                               |
| City<br>McLean  | State<br>VA                              | Zip Code<br>22101  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>74.29                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT TO THE PRESIDENT |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>371.45       |  |

|   |  |  |
|---|--|--|
| B. Full Name (Last, First, Middle Initial)<br>REGINA BOLAND   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 1948 Kirby Road   |  | Transaction ID: SA11A1.70737                               |
| City<br>McLean  | State<br>VA                              | Zip Code<br>22101  |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>74.29                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT TO THE PRESIDENT |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>445.74       |  |

|   |                                    |  |
|---|------------------------------------|--|
| C. Full Name (Last, First, Middle Initial)<br>BARRY B BOLIN   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |
| Mailing Address 110 DAILEY ROAD   |                                    | Transaction ID: SA11A1.69621                               |
| City<br>ALBANY  | State<br>OH                        | Zip Code<br>45710-9430                                     |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>79.88                |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>REGIONAL DIRECTOR    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>239.64 |  |

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|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 228.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 16 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
 PAUL BOOTH

Mailing Address 3724 Benton Street NW

City Washington State DC Zip Code 20007

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 409.25

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2006

**Transaction ID: SA11A1.70283**

Amount of Each Receipt this Period  
 81.85

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

Mailing Address 3724 Benton Street NW

City Washington State DC Zip Code 20007

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 491.10

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

**Transaction ID: SA11A1.70738**

Amount of Each Receipt this Period  
 81.85

**C.** Full Name (Last, First, Middle Initial)  
 RONALD P. BOWDEN

Mailing Address 11008 S. GREEN STREET

City CHICAGO State IL Zip Code 60643

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

Name of Employer AFSCME ILCN 31 Occupation ASSISTANT DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.28

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 07 / 2006

**Transaction ID: SA11A1.69954**

Amount of Each Receipt this Period  
 76.76

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>240.46</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CRAIG E BRACKBILL  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2006 |
| Mailing Address 6014 Bartlett Avenue  |   | <b>Transaction ID:</b> SA11A1.70935                      |
| City State Zip Code<br>San Gabriel CA 91775   | Amount of Each Receipt this Period<br>10.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME CA LOC 1902  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00          |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NORMA BRAIDIGAN  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address P. O. BOX 1, SOUTH 7TH STREET   |   | <b>Transaction ID:</b> SA11A1.70238                      |
| City State Zip Code<br>WEST MILTON PA 17886   | Amount of Each Receipt this Period<br>96.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00          |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DIANE BURKE  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 6626 Potomac Avenue, A1   |   | <b>Transaction ID:</b> SA11A1.70284                      |
| City State Zip Code<br>Alexandria VA 22307  | Amount of Each Receipt this Period<br>45.07   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, LEGISLATION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.35            |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 151.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DIANE BURKE  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 6626 Potomac Avenue, A1   |   | <b>Transaction ID:</b> SA11A1.70739                        |
| City State Zip Code<br>Alexandria VA 22307  | Amount of Each Receipt this Period<br>45.07   |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, LEGISLATION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.42            |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CAROL L BURNETT  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 1921 N. Westmoreland  |   | <b>Transaction ID:</b> SA11A1.70285                        |
| City State Zip Code<br>Arlington VA 22213   | Amount of Each Receipt this Period<br>41.56 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>MANAGER, ART & GRAPHIC DESIGN |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>207.80          |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>CAROL L BURNETT  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 1921 N. Westmoreland  |   | <b>Transaction ID:</b> SA11A1.70740                        |
| City State Zip Code<br>Arlington VA 22213   | Amount of Each Receipt this Period<br>41.56 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>MANAGER, ART & GRAPHIC DESIGN |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>249.36          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 128.19 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 19 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JUDITH BUXTON</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 2401 N 2ND STREET   |                                    | <b>Transaction ID: SA11A1.70174</b>                        |
| City  | State                              | Zip Code   |
| HARRISBURG  | PA                                 | 17110  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>92.66                |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>ASSISTANT DIRECTOR   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>277.98 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PAULA J. CAIRA</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 17 Fourteenth Street SE   |   | <b>Transaction ID: SA11A1.70286</b>                        |
| City  | State                                     | Zip Code   |
| Washington  | DC  | 20003  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>42.73                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE GENERAL COUNSEL I |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.65        |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PAULA J. CAIRA</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 17 Fourteenth Street SE   |   | <b>Transaction ID: SA11A1.70741</b>                        |
| City  | State                                     | Zip Code   |
| Washington  | DC  | 20003  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>42.73                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE GENERAL COUNSEL I |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>256.38        |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>178.12</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 20 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN CAMERON</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |   |
| Mailing Address <b>6555 N. MAPLEWOOD</b>  |   | <b>Transaction ID: SA11A1.69968</b>                        |   |
| City <b>CHICAGO</b>   | State <b>IL</b>                                   | Zip Code <b>60645</b>                                      | Amount of Each Receipt this Period<br>67.50 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME IL CN 31</b>  | Occupation<br><b>DIRECTOR POL./COM. RELATIONS</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>202.50                |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. LINDA CANAN STEPHENS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address <b>1625 L STREET NW</b>   |   | <b>Transaction ID: SA11A1.70287</b>                        |   |
| City <b>WASHINGTON</b>  | State <b>DC</b>   | Zip Code <b>20036</b>                                      | Amount of Each Receipt this Period<br>90.14 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>ASSISTANT DIRECTOR, POLITICAL ACTION</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>441.69                        |  |   |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. LINDA CANAN STEPHENS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address <b>1625 L STREET NW</b>   |   | <b>Transaction ID: SA11A1.70742</b>                        |   |
| City <b>WASHINGTON</b>  | State <b>DC</b>   | Zip Code <b>20036</b>                                      | Amount of Each Receipt this Period<br>90.14 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>ASSISTANT DIRECTOR, POLITICAL ACTION</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>531.83                        |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 247.78 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD CAPONI

Mailing Address 4453 STILLEY ROAD

City State Zip Code  
PITTSBURGH PA 15227

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

Name of Employer Occupation  
AFSCME PA CN 13 REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 288.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70216

Amount of Each Receipt this Period  
96.00

**B.** Full Name (Last, First, Middle Initial)  
ANTHONY CASO

Mailing Address 9 GARDEN COURT STREET

City State Zip Code  
BOSTON MA 02113

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

Name of Employer Occupation  
AFSCME MA CN 93 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: SA11A1.69895

Amount of Each Receipt this Period  
83.32

**C.** Full Name (Last, First, Middle Initial)  
ANTHONY CASO

Mailing Address 9 GARDEN COURT STREET

City State Zip Code  
BOSTON MA 02113

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

Name of Employer Occupation  
AFSCME MA CN 93 EXECUTIVE DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 288.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: SA11A1.70693

Amount of Each Receipt this Period  
13.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 192.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 22 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|  | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|  |                              | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. TRACEY CONATY</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 1789 Lanier Place NW, #42   |  | Transaction ID: SA11A1.70744                               |
| City Washington   | State DC   | Zip Code 20009   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>39.37                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, PUBLIC AFFAIRS |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>236.22               |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT COOPER</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 931 S. WALNUT STREET  |                                    | Transaction ID: SA11A1.70251                               |
| City WEST CHESTER   | State PA                           | Zip Code 19380   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>96.00                |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>REPRESENTATIVE       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JAMES CULLEN</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 1111 Morningside Avenue   |  | Transaction ID: SA11A1.70747                               |
| City Schenectady  | State NY                                   | Zip Code 12308   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>36.62                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AREA FIELD SERVICES DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.72         |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 171.99 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 23 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JENNIFER C DAEHN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1602 E Street, SE   |   | <b>Transaction ID: SA11A1.70748</b>                        |  |
| City State Zip Code<br>Washington DC 20003  | Amount of Each Receipt this Period<br>38.76 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>Associate General Counsel I   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>232.56          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WILLIAM DANDO</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 6630 HUNTINGDON STREET  |  | <b>Transaction ID: SA11A1.70175</b>                        |  |
| City State Zip Code<br>HARRISBURG PA 17111  | Amount of Each Receipt this Period<br>68.46  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFCSME PA CN 13   | Occupation<br>ASSOCIATE LEGISLATIVE DIRECTOR |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.38           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TERRY DARNELL</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1002 4th St., SW,<br>Apt. 14  |   | <b>Transaction ID: SA11A1.70749</b>                        |  |
| City State Zip Code<br>Altoona IA 50009   | Amount of Each Receipt this Period<br>36.07 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>INT'L UNION REPRESENTATIVE    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>216.28          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 143.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 24 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. EDGAR DE JESUS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address <b>8 Ralph Street,<br/>                 First Floor</b>   |   | <b>Transaction ID: SA11A1.70750</b>                      |   |
| City <b>Bergenfield</b>   | State <b>NJ</b>                               | Zip Code <b>07621</b>                                    | Amount of Each Receipt this Period<br>38.65 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>AREA ORGANIZING DIRECTOR</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>231.90            |  |   |

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN C DEMPSEY</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address <b>20235 Watermark Place</b>  |                                      | <b>Transaction ID: SA11A1.70297</b>                      |   |
| City <b>Sterling</b>  | State <b>VA</b>                      | Zip Code <b>20165</b>                                    | Amount of Each Receipt this Period<br>81.85 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>GENERAL COUNSEL</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>409.25   |  |   |

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN C DEMPSEY</b>   |                                      | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address <b>20235 Watermark Place</b>  |                                      | <b>Transaction ID: SA11A1.70752</b>                      |   |
| City <b>Sterling</b>  | State <b>VA</b>                      | Zip Code <b>20165</b>                                    | Amount of Each Receipt this Period<br>81.85 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>GENERAL COUNSEL</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>491.10   |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 202.35 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |



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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 25 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CONSTANCE DERR   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address P.O. Box 116  |                                    | <b>Transaction ID:</b> SA11A1.70298                        |   |
| City<br>Maspeth   | State<br>NY                        | Zip Code<br>11378  | Amount of Each Receipt this Period<br>48.23 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |   |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>REGIONAL DIRECTOR    |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>241.15 |  |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>CONSTANCE DERR   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address P.O. Box 116  |                                    | <b>Transaction ID:</b> SA11A1.70753                        |   |
| City<br>Maspeth   | State<br>NY                        | Zip Code<br>11378  | Amount of Each Receipt this Period<br>48.23 |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |   |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>REGIONAL DIRECTOR    |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>289.38 |  |   |

|   |   |  |  |
|---|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JEAN M DIEDERICH   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 1711 NORWOOD ST   |   | <b>Transaction ID:</b> SA11A1.70032                        |  |
| City<br>Brainerd  | State<br>MN                                   | Zip Code<br>56401-3846                                     | Amount of Each Receipt this Period<br>102.00 |
| FEC ID number of contributing federal political committee.<br>C   |   |  |  |
| Name of Employer<br>HENNEPIN COUNTY   | Occupation<br>PRINCIPAL CHILD SUPPORT OFFICER |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>357.00            |  |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 198.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 26 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |   |
|---|--|---|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>JEAN M DIEDERICH<br>Mailing Address 1711 NORWOOD ST<br>City State Zip Code<br>Brainerd MN 56401-3846<br>FEC ID number of contributing federal political committee. <b>C</b>                  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 13 / 2006<br><b>Transaction ID: SA11A1.70129</b><br>Amount of Each Receipt this Period<br>159.00 |
| Name of Employer Occupation<br>HENNEPIN COUNTY PRINCIPAL CHILD SUPPORT OFFICER<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 516.00 |  |   |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN A DINICOLA<br>Mailing Address 320 2nd Street<br>City State Zip Code<br>Bergenline NJ 07087<br>FEC ID number of contributing federal political committee. <b>C</b>            |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006<br><b>Transaction ID: SA11A1.70587</b><br>Amount of Each Receipt this Period<br>57.08 |
| Name of Employer Occupation<br>AFSCME IL CN 31 STAFF REPRESENTATIVE<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 235.62 |  |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>EINAR O DYBLIE<br>Mailing Address 3443 Vista Del Oro<br>City State Zip Code<br>Oceanside CA 92056<br>FEC ID number of contributing federal political committee. <b>C</b>               |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 08 / 2006<br><b>Transaction ID: SA11A1.70105</b><br>Amount of Each Receipt this Period<br>20.00 |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 420.00 |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>236.08</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 27 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EINAR O DYBLIE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2006 |  |
| Mailing Address 3443 Vista Del Oro  |  | <b>Transaction ID: SA11A1.70133</b>                        |  |
| City State Zip Code<br>Oceanside CA 92056   |  | Amount of Each Receipt this Period<br>20.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>440.00                         |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EINAR O DYBLIE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2006 |  |
| Mailing Address 3443 Vista Del Oro  |  | <b>Transaction ID: SA11A1.70936</b>                        |  |
| City State Zip Code<br>Oceanside CA 92056   |  | Amount of Each Receipt this Period<br>20.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>460.00                         |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS EDSTROM</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 4106 N. SACRAMENTO  |  | <b>Transaction ID: SA11A1.69912</b>                        |  |
| City State Zip Code<br>CHICAGO IL 60618   |  | Amount of Each Receipt this Period<br>68.36                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME IL CN 31 LEGAL COUNSEL  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>205.08                         |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 108.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 28 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JESSE M. EVANS, JR.</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 2640 SOUTH THIRD STREET   |  | <b>Transaction ID:</b> SA11A1.70179                        |
| City State Zip Code<br>STEELTON PA 17113  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>92.66                |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>BUSINESS MANAGER   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>277.98                                     |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. JOHN EWART III</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 303 HALLMARK HOUSE  |  | <b>Transaction ID:</b> SA11A1.70219                        |
| City State Zip Code<br>HERSHEY PA 17033   | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>73.02                |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>ASSISTANT DIRECTOR                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.06                                     |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STEPHAN FANTAUZZO</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 3840 N. Delaware Street   |  | <b>Transaction ID:</b> SA11A1.70299                        |
| City State Zip Code<br>Indianapolis IN 46205  | FEC ID number of contributing federal political committee.<br><b>C</b> | Amount of Each Receipt this Period<br>53.73                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>REGIONAL DIRECTOR  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>268.65                                     |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>219.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 29 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |  |
|---|------------------------------------|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>STEPHAN FANTAUZZO  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 3840 N. Delaware Street   |                                    | <b>Transaction ID:</b> SA11A1.70754                        |
| City Indianapolis   | State IN                           | Zip Code 46205   |
| Amount of Each Receipt this Period<br>53.73   |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>REGIONAL DIRECTOR    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38 |  |

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|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>RICHARD FELLER   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 4705 Butterworth Place, NW  |  | <b>Transaction ID:</b> SA11A1.70301                        |
| City Washington   | State DC   | Zip Code 20016   |
| Amount of Each Receipt this Period<br>48.88   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE DIRECTOR, POLITICAL ACTION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>244.40                 |  |

|   |  |  |
|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>RICHARD FELLER   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 4705 Butterworth Place, NW  |  | <b>Transaction ID:</b> SA11A1.70756                        |
| City Washington   | State DC   | Zip Code 20016   |
| Amount of Each Receipt this Period<br>48.88   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE DIRECTOR, POLITICAL ACTION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>293.28                 |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 151.49 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 2806 North Somerset Street

City State Zip Code  
Arlington VA 22213

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 207.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70302

Amount of Each Receipt this Period  
41.56

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

Mailing Address 2806 North Somerset Street

City State Zip Code  
Arlington VA 22213

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 249.36

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70757

Amount of Each Receipt this Period  
41.56

**C.** Full Name (Last, First, Middle Initial)  
JERRY E FIELDS

Mailing Address 11425 Miller Road

City State Zip Code  
Whittier CA 90604

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

Name of Employer Occupation  
METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

Transaction ID: SA11A1.70939

Amount of Each Receipt this Period  
10.00

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 93.12 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 31 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>CUAHTEMOC FIGUEROA   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 814 Renaissance Pointe Blvd.,<br>APT. 102   |  | <b>Transaction ID:</b> SA11A1.70758                        |
| City State Zip Code<br>Altamonte Springs FL 32714   | Amount of Each Receipt this Period<br>37.30        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, POLITICAL ACTION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>218.85                 |  |

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|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>JOHN J FILAK JR  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |
| Mailing Address 1051 Wilbert Road   |   | <b>Transaction ID:</b> SA11A1.69630                        |
| City State Zip Code<br>Lakewood OH 44107  | Amount of Each Receipt this Period<br>79.88 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>239.64          |  |

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|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>DAVID FILLMAN  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 2520 HELEN STREET   |  | <b>Transaction ID:</b> SA11A1.70180                        |
| City State Zip Code<br>HATBORO PA 19040   | Amount of Each Receipt this Period<br>119.16 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>383.48           |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 236.34 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 32 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DAVID FILLMAN</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 2520 HELEN STREET   |   | Transaction ID: SA11A1.70696                             |  |
| City State Zip Code<br>HATBORO PA 19040   | Amount of Each Receipt this Period<br>13.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>396.48          |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL FOX</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 3818 SHEFFIELD LANE   |   | Transaction ID: SA11A1.70265                             |  |
| City State Zip Code<br>HARRISBURG PA 17110  | Amount of Each Receipt this Period<br>96.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>418.00          |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL FOX</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 3818 SHEFFIELD LANE   |   | Transaction ID: SA11A1.70697                             |  |
| City State Zip Code<br>HARRISBURG PA 17110  | Amount of Each Receipt this Period<br>65.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>483.00          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 174.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |



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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 33 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GARETH J FRANK</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 2309 Parkway  |  | Transaction ID: SA11A1.70304                             |  |
| City State Zip Code<br>Cheverly MD 20785  | Amount of Each Receipt this Period<br>47.58          |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOC DIRECTOR ORGANIZING & FIELD SVCS |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>237.90                   |  |  |

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| Full Name (Last, First, Middle Initial)<br><b>B. GARETH J FRANK</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 2309 Parkway  |  | Transaction ID: SA11A1.70759                             |  |
| City State Zip Code<br>Cheverly MD 20785  | Amount of Each Receipt this Period<br>47.58          |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOC DIRECTOR ORGANIZING & FIELD SVCS |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>285.48                   |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ALBERT GARRETT</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |  |
| Mailing Address 18491 LAUDER  |   | Transaction ID: SA11A1.69839                             |  |
| City State Zip Code<br>DETROIT MI 48235   | Amount of Each Receipt this Period<br>55.10 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME MI CN 25   | Occupation<br>PRESIDENT                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>301.50          |  |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 150.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 34 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
**ALBERT GARRETT**

Mailing Address **18491 LAUDER**

City **DETROIT** State **MI** Zip Code **48235**

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 ▼ **356.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 21 / 2006**

**Transaction ID: SA11A1.70523**

Amount of Each Receipt this Period  
**55.10**

**B.** Full Name (Last, First, Middle Initial)  
**ALBERT GARRETT**

Mailing Address **18491 LAUDER**

City **DETROIT** State **MI** Zip Code **48235**

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 ▼ **369.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 28 / 2006**

**Transaction ID: SA11A1.70698**

Amount of Each Receipt this Period  
**13.00**

**C.** Full Name (Last, First, Middle Initial)  
**IRASEMA T. GARZA**

Mailing Address **6804 Granby Street**

City **Bethesda** State **MD** Zip Code **20817**

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

Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, WOMEN'S RIGHTS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.65**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70306**

Amount of Each Receipt this Period  
**53.73**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>121.83</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 35 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. IRASEMA T. GARZA</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 6804 Granby Street  |   | <b>Transaction ID: SA11A1.70761</b>                        |  |
| City State Zip Code<br>Bethesda MD 20817  | Amount of Each Receipt this Period<br>53.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, WOMEN'S RIGHTS      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. KAREN GILGOFF</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 3003 Van Ness Street NW, #W1023   |  | <b>Transaction ID: SA11A1.70307</b>                        |  |
| City State Zip Code<br>Washington DC 20008  | Amount of Each Receipt this Period<br>40.03    |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASST. DIRECTOR, RETIREES PROGRAM |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.15             |  |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. KAREN GILGOFF</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 3003 Van Ness Street NW, #W1023   |  | <b>Transaction ID: SA11A1.70762</b>                        |  |
| City State Zip Code<br>Washington DC 20008  | Amount of Each Receipt this Period<br>40.03    |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASST. DIRECTOR, RETIREES PROGRAM |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.18             |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 133.79 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. PATRICIA GLYNN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 55 Aberdeen Avenue  |   | <b>Transaction ID: SA11A1.70763</b>                      |  |
| City State Zip Code<br>Cambridge MA 02138-4646  | Amount of Each Receipt this Period<br>39.71 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AREA FIELD SERVICES DIRECTOR  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>238.26          |  |  |

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STEPHEN M. GRAHAM</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 10105 Baltimore Avenue,<br>Apt 3407   |   | <b>Transaction ID: SA11A1.70764</b>                      |  |
| City State Zip Code<br>College Park MD 20740  | Amount of Each Receipt this Period<br>35.52 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>Project Manager               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.12          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. R. SEAN GRAYSON</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 10201 GALENA POINTE DRIVE   |   | <b>Transaction ID: SA11A1.69632</b>                      |  |
| City State Zip Code<br>GALENA OH 43021  | Amount of Each Receipt this Period<br>97.26 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>GENERAL COUNSEL               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>291.78          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 172.49 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 37 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVE GRETSUK</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 7803 Desiree Street   |   | <b>Transaction ID: SA11A1.70311</b>                      |
| City State Zip Code<br>Alexandria VA 22315  | Amount of Each Receipt this Period<br>70.34 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, INFORMATION SYSTEMS |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>351.70          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STEVE GRETSUK</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 7803 Desiree Street   |   | <b>Transaction ID: SA11A1.70766</b>                      |
| City State Zip Code<br>Alexandria VA 22315  | Amount of Each Receipt this Period<br>70.34 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, INFORMATION SYSTEMS |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>422.04          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHELLE L HAIGHT</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2006 |
| Mailing Address 270 Amberwood Drive   |   | <b>Transaction ID: SA11A1.70944</b>                      |
| City State Zip Code<br>Walnut CA 91789  | Amount of Each Receipt this Period<br>10.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>METRO WATER DISTRICT  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00          |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 150.68 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 38 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEPHANIE HARRISON</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 7824 Main Falls Creek   |  | <b>Transaction ID: SA11A1.70315</b>                      |  |
| City State Zip Code<br>Catonsville MD 21228   |  | Amount of Each Receipt this Period<br>53.73              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L DIRECTOR, HUMAN RESOURCES   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>268.65                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STEPHANIE HARRISON</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 7824 Main Falls Creek   |  | <b>Transaction ID: SA11A1.70770</b>                      |  |
| City State Zip Code<br>Catonsville MD 21228   |  | Amount of Each Receipt this Period<br>53.73              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L DIRECTOR, HUMAN RESOURCES   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>322.38                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARK D. HATCH</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address C/O 6805 OAK CREEK DRIVE<br>OAPSE LOCAL 4   |  | <b>Transaction ID: SA11A1.69765</b>                      |  |
| City State Zip Code<br>COLUMBUS OH 43229  |  | Amount of Each Receipt this Period<br>100.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME OH LOC 4 STAFF REPRESENTATIVE   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 207.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 39 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JUDITH HEH</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address <b>408 ORRS BRIDGE ROAD</b>   |                                    | <b>Transaction ID: SA11A1.70271</b>                      |   |
| City <b>CAMP HILL</b>   | State <b>PA</b>                    | Zip Code <b>17011</b>                                    | Amount of Each Receipt this Period<br>96.00 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |   |
| Name of Employer<br><b>AFSCME PA CN 13</b>  | Occupation<br><b>DIRECTOR</b>      |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00 |  |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. PHILIP W. HELMS</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |   |
| Mailing Address <b>4108 MENTON</b>  |                                    | <b>Transaction ID: SA11A1.69845</b>                      |   |
| City <b>FLINT</b>   | State <b>MI</b>                    | Zip Code <b>48507</b>                                    | Amount of Each Receipt this Period<br>50.51 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |   |
| Name of Employer<br><b>AFSCME MI CN 25</b>  | Occupation<br><b>EDITOR</b>        |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>252.55 |  |   |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. PHILIP W. HELMS</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 21 / 2006 |   |
| Mailing Address <b>4108 MENTON</b>  |                                    | <b>Transaction ID: SA11A1.70529</b>                      |   |
| City <b>FLINT</b>   | State <b>MI</b>                    | Zip Code <b>48507</b>                                    | Amount of Each Receipt this Period<br>50.51 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |   |
| Name of Employer<br><b>AFSCME MI CN 25</b>  | Occupation<br><b>EDITOR</b>        |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>303.06 |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 197.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 40 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ROGER M HICKSON</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 08 / 2006 |
| Mailing Address 10717 Haymarket Drive   |   | <b>Transaction ID: SA11A1.70110</b>                        |
| City State Zip Code<br>Riverside CA 92503   | Amount of Each Receipt this Period<br>15.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>METRO WATER DISTRICT  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>272.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROGER M HICKSON</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2006 |
| Mailing Address 10717 Haymarket Drive   |   | <b>Transaction ID: SA11A1.70139</b>                        |
| City State Zip Code<br>Riverside CA 92503   | Amount of Each Receipt this Period<br>15.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>METRO WATER DISTRICT  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>287.00          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROGER M HICKSON</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2006 |
| Mailing Address 10717 Haymarket Drive   |   | <b>Transaction ID: SA11A1.70946</b>                        |
| City State Zip Code<br>Riverside CA 92503   | Amount of Each Receipt this Period<br>15.00 |  |
| FEC ID number of contributing federal political committee.<br>C   |   |  |
| Name of Employer<br>METRO WATER DISTRICT  | Occupation<br>STAFF REPRESENTATIVE          |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>302.00          |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 45.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |



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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 41 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. ELIZABETH C HO</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1511 Kalaniewai Street  |   | Transaction ID: SA11A1.70774                               |  |
| City Honolulu State HI Zip Code 96821   | Amount of Each Receipt this Period<br>39.71 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer AFSCME INT'L Occupation AREA FIELD SERVICES DIRECTOR   | Aggregate Year-to-Date ▼<br>238.26          |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. EDWIN JAYNE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 3304 Alabama Avenue   |   | Transaction ID: SA11A1.70322                               |  |
| City Alexandria State VA Zip Code 22305   | Amount of Each Receipt this Period<br>48.88 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, LEGISLATION  | Aggregate Year-to-Date ▼<br>244.40          |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. EDWIN JAYNE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 3304 Alabama Avenue   |   | Transaction ID: SA11A1.70777                               |  |
| City Alexandria State VA Zip Code 22305   | Amount of Each Receipt this Period<br>48.88 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer AFSCME INT'L Occupation ASSOCIATE DIRECTOR, LEGISLATION  | Aggregate Year-to-Date ▼<br>293.28          |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 137.47 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
GEORGE T JOHNSON

Mailing Address 3853 Fairfax Square

City State Zip Code  
Fairfax VA 22031-4200

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 238.26

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70781

Amount of Each Receipt this Period  
39.71

**B.** Full Name (Last, First, Middle Initial)  
JUDY A JONES

Mailing Address 115 S Oak Street

City State Zip Code  
Falls Church VA 22046

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

Name of Employer Occupation  
AFSCME INT'L ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70327

Amount of Each Receipt this Period  
48.88

**C.** Full Name (Last, First, Middle Initial)  
JUDY A JONES

Mailing Address 115 S Oak Street

City State Zip Code  
Falls Church VA 22046

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

Name of Employer Occupation  
AFSCME INT'L ASSOC. DIRECTOR, INFORMATION SYSTEMS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 293.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70782

Amount of Each Receipt this Period  
48.88

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 137.47 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation  
AFSCME INT'L DIRECTOR, FINANCIAL SERVICES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 334.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70328

Amount of Each Receipt this Period  
66.80

**B.** Full Name (Last, First, Middle Initial)  
CHARLES JURGONIS

Mailing Address 11704 Bobs Ford Road

City State Zip Code  
Fairfax VA 22030

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

Name of Employer Occupation  
AFSCME INT'L DIRECTOR, FINANCIAL SERVICES

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70783

Amount of Each Receipt this Period  
66.80

**C.** Full Name (Last, First, Middle Initial)  
JANET KAIL

Mailing Address 1034 COUNTRY CLUB ROAD

City State Zip Code  
CAMP HILL PA 17011

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

Name of Employer Occupation  
AFSCME PA CN 13 ASSISTANT DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 277.98

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70182

Amount of Each Receipt this Period  
92.66

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 226.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 44 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
DONALD KEELING

Mailing Address 1645 HOMEWOOD AVENUE

City State Zip Code  
SPRINGFIELD IL 62704

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

Name of Employer Occupation  
AFSCME IL CN 31 COLLECTIVE BARGAINING ADMN.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 203.88

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.69913

Amount of Each Receipt this Period  
67.96

**B.** Full Name (Last, First, Middle Initial)  
JANET KELLER

Mailing Address RD 2, SWEDE HILL ROAD

City State Zip Code  
RUSSELL PA 16345

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

Name of Employer Occupation  
AFSCME PA CN 13 STAFF SPECIALIST

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 214.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70183

Amount of Each Receipt this Period  
71.48

**C.** Full Name (Last, First, Middle Initial)  
R. MICHAEL KIRKPATRICK

Mailing Address 6131 MIFFLIN AVENUE

City State Zip Code  
HARRISBURG PA 17111

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

Name of Employer Occupation  
AFSCME PA CN 13 DIRECTOR OF GRIEVANCE DEPT.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 251.28

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70185

Amount of Each Receipt this Period  
83.76

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 223.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
 JOHN C KITOS

Mailing Address 18323 Bechard Avenue

City State Zip Code  
 Cerritos CA 90703

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

Name of Employer Occupation  
 METRO WATER DISTRICT STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2006

**Transaction ID: SA11A1.70947**

Amount of Each Receipt this Period  
 10.00

**B.** Full Name (Last, First, Middle Initial)  
 CAROLYN KLINGLESMTIH

Mailing Address 2812 Windsor Forest Drive

City State Zip Code  
 Louisville KY 40272

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

Name of Employer Occupation  
 AFSCME INT'L AREA ORGANIZING DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.72

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

**Transaction ID: SA11A1.70784**

Amount of Each Receipt this Period  
 37.62

**C.** 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 Occupation  
 AFSCME OH CN 8 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 239.64

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2006

**Transaction ID: SA11A1.69637**

Amount of Each Receipt this Period  
 79.88

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>127.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 46 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVE KOFFROTH</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 08 / 2006 |  |
| Mailing Address 17824 Autry Ct  |                                    | <b>Transaction ID: SA11A1.70102</b>                        |  |
| City<br>Chino Hills   | State<br>CA                        | Amount of Each Receipt this Period<br>20.00                |  |
| Zip Code<br>91709   |                                    |  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>AFSCME CA LOC 1902  | Occupation<br>STAFF REPRESENTATIVE |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. STEVE KOFFROTH</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2006 |  |
| Mailing Address 17824 Autry Ct  |                                    | <b>Transaction ID: SA11A1.70130</b>                        |  |
| City<br>Chino Hills   | State<br>CA                        | Amount of Each Receipt this Period<br>20.00                |  |
| Zip Code<br>91709   |                                    |  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>AFSCME CA LOC 1902  | Occupation<br>STAFF REPRESENTATIVE |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>440.00 |  |  |

|   |                                    |  |  |
|---|------------------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. STEVE KOFFROTH</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 30 / 2006 |  |
| Mailing Address 17824 Autry Ct  |                                    | <b>Transaction ID: SA11A1.70933</b>                        |  |
| City<br>Chino Hills   | State<br>CA                        | Amount of Each Receipt this Period<br>20.00                |  |
| Zip Code<br>91709   |                                    |  |  |
| FEC ID number of contributing federal political committee.<br>C   |                                    |  |  |
| Name of Employer<br>AFSCME CA LOC 1902  | Occupation<br>STAFF REPRESENTATIVE |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>460.00 |  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 60.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KERRY KORPI  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 8913 First Avenue   |   | <b>Transaction ID:</b> SA11A1.70330                      |
| City State Zip Code<br>Silver Spring MD 20910   | Amount of Each Receipt this Period<br>62.63 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, RESEARCH            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>313.15          |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>KERRY KORPI  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 8913 First Avenue   |   | <b>Transaction ID:</b> SA11A1.70785                      |
| City State Zip Code<br>Silver Spring MD 20910   | Amount of Each Receipt this Period<br>62.63 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, RESEARCH            |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.78          |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>STEVEN KREISBERG   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 9954 Whitewater Drive   |   | <b>Transaction ID:</b> SA11A1.70331                      |
| City State Zip Code<br>Burke VA 22015   | Amount of Each Receipt this Period<br>48.88 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE DIRECTOR, RESEARCH  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>244.40          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 174.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 48 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEVEN KREISBERG</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 9954 Whitewater Drive   |   | <b>Transaction ID: SA11A1.70786</b>                        |  |
| City State Zip Code<br>Burke VA 22015   | Amount of Each Receipt this Period<br>48.88 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE DIRECTOR, RESEARCH  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>293.28          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. THOMAS E KULIKOSKY</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 400 Old Dominion Avenue   |   | <b>Transaction ID: SA11A1.70332</b>                        |  |
| City State Zip Code<br>Herndon VA 20170   | Amount of Each Receipt this Period<br>41.56 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AUDITING MANAGER              |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>207.80          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS E KULIKOSKY</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 400 Old Dominion Avenue   |   | <b>Transaction ID: SA11A1.70787</b>                        |  |
| City State Zip Code<br>Herndon VA 20170   | Amount of Each Receipt this Period<br>41.56 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AUDITING MANAGER              |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>249.36          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 132.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOSE A JR. LA LUZ</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 4 |  | 2 | 0 | 0 | 6 |
| M   | M  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 3  |  | 1 | 4 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>16 E 98 Street<br/>Apt 6F</b>  |  | <b>Transaction ID: SA11A1.70333</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>New York</b>  | State <b>NY</b>                            | Zip Code <b>10029</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br><b>48.88</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer <b>AFSCME INT'L</b>  | Occupation <b>Special Projects Manager</b> |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>244.40</b>  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JOSE A JR. LA LUZ</b>  |  | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 9 |  | 2 | 0 | 0 | 6 |
| M   | M  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 3  |  | 2 | 9 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>16 E 98 Street<br/>Apt 6F</b>  |  | <b>Transaction ID: SA11A1.70788</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>New York</b>  | State <b>NY</b>                            | Zip Code <b>10029</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br><b>48.88</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer <b>AFSCME INT'L</b>  | Occupation <b>Special Projects Manager</b> |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>293.28</b>  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. SUE LEE-ALLEN</b>  |   | Date of Receipt<br><table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 2 |  | 2 | 0 | 0 | 6 |
| M   | M   | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0   | 3   |  | 0 | 2 |   | 2 | 0 | 0 | 6 |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address <b>7935 SW SANTOLINA PLACE</b>  |   | <b>Transaction ID: SA11A1.69679</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City <b>BEAVERTON</b>   | State <b>OR</b>                           | Zip Code <b>97008</b>  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br><b>70.00</b>   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer <b>AFSCME OR CN 75</b>   | Occupation <b>ORGANIZING DIRECTOR</b>     |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>210.00</b> |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>167.76</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
**LISABETH LONG**

Mailing Address **4965 WYNNEWOOD ROAD**

City **HARRISBURG** State **PA** Zip Code **17109**

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

Name of Employer **AFSCME PA CN 13** Occupation **EDUCATION DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **237.54**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70188**

Amount of Each Receipt this Period  
**79.18**

**B.** Full Name (Last, First, Middle Initial)  
**JAY K LOSOFSKY**

Mailing Address **P. O. Box 7864**

City **La Verne** State **CA** Zip Code **91750**

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

Name of Employer **METRO WATER DIST.** Occupation **STAFF REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 30 / 2006**

**Transaction ID: SA11A1.70948**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**CHARLES M LOVELESS**

Mailing Address **1112 Euclid Street NW**

City **WASHINGTON** State **DC** Zip Code **20009**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **313.15**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70335**

Amount of Each Receipt this Period  
**62.63**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>151.81</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 51 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. CHARLES M LOVELESS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1112 Euclid Street NW   |  | <b>Transaction ID: SA11A1.70790</b>                      |  |
| City State Zip Code<br>WASHINGTON DC 20009  |  | Amount of Each Receipt this Period<br>62.63              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L DIRECTOR, LEGISLATION   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>375.78                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SALVATORE LUCIANO</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |  |
| Mailing Address 947 BUNKER HILL RD  |  | <b>Transaction ID: SA11A1.69886</b>                      |  |
| City State Zip Code<br>WATERTOWN CT 06795   |  | Amount of Each Receipt this Period<br>100.00             |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME CT CN 4 EXECUTIVE DIRECTOR  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>326.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. SALVATORE LUCIANO</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 947 BUNKER HILL RD  |  | <b>Transaction ID: SA11A1.70703</b>                      |  |
| City State Zip Code<br>WATERTOWN CT 06795   |  | Amount of Each Receipt this Period<br>13.00              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME CT CN 4 EXECUTIVE DIRECTOR  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>339.00                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 175.63 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 52 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WILLIAM LUCY</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 1831 Sudbury Lane NW  |  | <b>Transaction ID: SA11A1.70336</b>                      |  |
| City<br><b>WASHINGTON</b>   | State<br><b>DC</b>                       | Zip Code<br><b>20012</b>                                 | Amount of Each Receipt this Period<br>121.18 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |  |  |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>SECRETARY TREASURER</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>605.90       |  |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WILLIAM LUCY</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1831 Sudbury Lane NW  |  | <b>Transaction ID: SA11A1.70791</b>                      |  |
| City<br><b>WASHINGTON</b>   | State<br><b>DC</b>                       | Zip Code<br><b>20012</b>                                 | Amount of Each Receipt this Period<br>121.18 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |  |  |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>SECRETARY TREASURER</b> |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>727.08       |  |  |

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. CHARLES LUNEY</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address 425 Chaparral Creek #2724   |   | <b>Transaction ID: SA11A1.70792</b>                      |   |
| City<br><b>Hazelwood</b>  | State<br><b>MO</b>                                | Zip Code<br><b>63042</b>                                 | Amount of Each Receipt this Period<br>36.62 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |  |   |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>AREA FIELD SERVICES DIRECTOR</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.72                |  |   |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 278.98 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 53 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN A. LYALL</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address <b>383 ASHMOORE CIRCLE EAST</b>   |  | <b>Transaction ID: SA11A1.69640</b>                      |  |
| City State Zip Code<br><b>POWELL OH 43065</b>   |  | Amount of Each Receipt this Period<br>105.32             |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |  |  |
| Name of Employer Occupation<br><b>AFSCME OH CN 8 VICE PRESIDENT</b>   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>315.96                       |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERTA LYNCH</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address <b>4650 N. HERMITAGE STREET</b>   |  | <b>Transaction ID: SA11A1.69925</b>                      |  |
| City State Zip Code<br><b>CHICAGO IL 60640</b>  |  | Amount of Each Receipt this Period<br>93.82              |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |  |  |
| Name of Employer Occupation<br><b>AFSCME IL CN 31 DEPUTY DIRECTOR</b>   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>307.46                       |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROBERTA LYNCH</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address <b>4650 N. HERMITAGE STREET</b>   |  | <b>Transaction ID: SA11A1.70704</b>                      |  |
| City State Zip Code<br><b>CHICAGO IL 60640</b>  |  | Amount of Each Receipt this Period<br>13.00              |  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |  |  |  |
| Name of Employer Occupation<br><b>AFSCME IL CN 31 DEPUTY DIRECTOR</b>   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>320.46                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 212.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 54 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. SCOTT MACKENZIE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 16 / 2006 |  |
| Mailing Address 1445 Kirsten Street   |  | <b>Transaction ID: SA11A1.70451</b>                      |  |
| City State Zip Code<br>Reno NV 89503  | Amount of Each Receipt this Period<br>100.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME NV LOC 4041  | Occupation<br>EXECUTIVE DIRECTOR             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. RONALD MALONE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006 |  |
| Mailing Address 988 CIRCLE-ON-THE-GREEN   |  | <b>Transaction ID: SA11A1.69767</b>                      |  |
| City State Zip Code<br>COLUMBUS OH 43235  | Amount of Each Receipt this Period<br>100.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME OH LOC 4   | Occupation<br>DIRECTOR                       |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL MANN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 15103 Hunter Mountain Lane  |   | <b>Transaction ID: SA11A1.70339</b>                      |  |
| City State Zip Code<br>Silver Spring MD 20906   | Amount of Each Receipt this Period<br>48.88 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, AUDITING  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>244.40          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 248.88 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 55 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL MANN</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 15103 Hunter Mountain Lane  |  | <b>Transaction ID: SA11A1.70794</b>                        |  |
| City State Zip Code<br>Silver Spring MD 20906   |  | Amount of Each Receipt this Period<br>48.88                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L ASSISTANT DIRECTOR, AUDITING  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>293.28                         |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL MARETTE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address P.O. Box 314  |  | <b>Transaction ID: SA11A1.70340</b>                        |  |
| City State Zip Code<br>Charlestown WV 25414   |  | Amount of Each Receipt this Period<br>43.87                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L ASST. DIRECTOR, ORG & FIELD SERVICES  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>214.67                         |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL MARETTE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address P.O. Box 314  |  | <b>Transaction ID: SA11A1.70795</b>                        |  |
| City State Zip Code<br>Charlestown WV 25414   |  | Amount of Each Receipt this Period<br>43.87                |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L ASST. DIRECTOR, ORG & FIELD SERVICES  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>258.54                         |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 136.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 56 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
**JAMES MAUPIN, JR.**

Mailing Address **535 BIRDWELL CHURCH LANE**

City **CREAL SPRINGS** State **IL** Zip Code **62922**

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 ▼ **214.14**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 07 / 2006**

**Transaction ID: SA11A1.69942**

Amount of Each Receipt this Period  
**71.38**

**B.** Full Name (Last, First, Middle Initial)  
**ELISSA MCBRIDE**

Mailing Address **9 Sherman Avenue**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70341**

Amount of Each Receipt this Period  
**80.60**

**C.** Full Name (Last, First, Middle Initial)  
**ELISSA MCBRIDE**

Mailing Address **9 Sherman Avenue**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70796**

Amount of Each Receipt this Period  
**80.60**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>232.58</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 57 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City State Zip Code  
Silver Spring MD 20901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70342

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
MARGARET MCCANN

Mailing Address 103 Lynnmore Drive

City State Zip Code  
Silver Spring MD 20901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70797

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
BRIAN P MCDONNELL

Mailing Address 1322 Myron Street

City State Zip Code  
Niskayuna NY 12309

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

Name of Employer Occupation  
AFSCME INT'L POLITICAL ACTION COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 217.86

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70798

Amount of Each Receipt this Period  
36.31

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 136.31 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. GERALD MCENTEE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 800 25th Street NW<br>Apt. #406   |  | <b>Transaction ID: SA11A1.70344</b>                      |
| City State Zip Code<br>Washington DC 20037  | Amount of Each Receipt this Period<br>142.82 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>PRESIDENT                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>714.10           |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GERALD MCENTEE</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 800 25th Street NW<br>Apt. #406   |  | <b>Transaction ID: SA11A1.70799</b>                      |
| City State Zip Code<br>Washington DC 20037  | Amount of Each Receipt this Period<br>142.82 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>PRESIDENT                      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>856.92           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS MCLAUGHLIN</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |
| Mailing Address 2056 CAMBRIDGE ROAD   |   | <b>Transaction ID: SA11A1.69935</b>                      |
| City State Zip Code<br>SPRINGFIELD IL 62704   | Amount of Each Receipt this Period<br>71.38 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>REGIONAL DIRECTOR             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.14          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 357.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 59 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |
|---|---|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>PETER M MCLINDEN   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |
| Mailing Address 788 MILL RUN DRIVE  |   | <b>Transaction ID:</b> SA11A1.69643                        |
| City State Zip Code<br>SUNBURY OH 43074   | Amount of Each Receipt this Period<br>79.88 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>ASSOCIATE COUNSEL             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>221.08          |  |

|   |   |  |
|---|---|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ORAN MCMICHEAL   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 2777 Northtowne Lane,<br>Apt. 2088S   |   | <b>Transaction ID:</b> SA11A1.70800                        |
| City State Zip Code<br>Reno NV 89512  | Amount of Each Receipt this Period<br>39.71 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AREA FIELD SERVICES, DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>238.26          |  |

|   |   |  |
|---|---|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>LEILA MCMULLEN   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 3014 Laurel Avenue  |   | <b>Transaction ID:</b> SA11A1.70801                        |
| City State Zip Code<br>Cheverly MD 20785  | Amount of Each Receipt this Period<br>36.50 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASST. TO SECRETARY TREASURER  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.00          |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 156.09 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 60 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. EDWARD MCNEIL</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 21 / 2006 |  |
| Mailing Address c/o 6800 N. HIGH STREET<br>OH CN 8   |  | <b>Transaction ID: SA11A1.70532</b>                        |  |
| City State Zip Code<br>WORTHINGTON OH 43085-2512   |  | Amount of Each Receipt this Period<br>38.10                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer Occupation<br>AFSCME OH CN 8 REPRESENTATIVE   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>228.60                         |  |

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|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL P MEANS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 08 / 2006 |  |
| Mailing Address 1012 Lamonette Street  |  | <b>Transaction ID: SA11A1.70113</b>                        |  |
| City State Zip Code<br>Claremont CA 91711  |  | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>285.00                         |  |

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|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MICHAEL P MEANS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2006 |  |
| Mailing Address 1012 Lamonette Street  |  | <b>Transaction ID: SA11A1.70142</b>                        |  |
| City State Zip Code<br>Claremont CA 91711  |  | Amount of Each Receipt this Period<br>15.00                |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  |  |  |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00                         |  |

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|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 68.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 61 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL P MEANS</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 30 / 2006 |  |
| Mailing Address 1012 Lamonette Street   |  | <b>Transaction ID: SA11A1.70950</b>                      |  |
| City State Zip Code<br>Claremont CA 91711   |  | Amount of Each Receipt this Period<br>15.00              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>METRO WATER DISTRICT STAFF REPRESENTATIVE  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>315.00                       |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CRAIG MERRILEES</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 31 / 2006 |  |
| Mailing Address 80 Grand Avenue, 3rd Floor  |  | <b>Transaction ID: SA11A1.70965</b>                      |  |
| City State Zip Code<br>Opakland CA 94612  |  | Amount of Each Receipt this Period<br>72.00              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME CA LOC 3299 DIRECTOR  |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>216.00                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. GLEN MIDDLETON</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2006 |  |
| Mailing Address 5108 Yellowwood Ave   |  | <b>Transaction ID: SA11A1.70658</b>                      |  |
| City State Zip Code<br>Baltimore MD 21209   |  | Amount of Each Receipt this Period<br>82.62              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME MD CN 67 EXECUTIVE DIRECTOR   |  |  |  |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>356.48                       |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 169.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 62 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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

Mailing Address 5108 Yellowwood Ave

City State Zip Code  
Baltimore MD 21209

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

Name of Employer Occupation  
AFSCME MD CN 67 EXECUTIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 369.48

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 28 / 2006

Transaction ID: SA11A1.70705

Amount of Each Receipt this Period  
13.00

**B.** Full Name (Last, First, Middle Initial)  
HAROLD F. MITCHELL

Mailing Address 2048 MARLINDALE ROAD

City State Zip Code  
CLEVELAND HTS OH 44118

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

Name of Employer Occupation  
AFSCME OH CN 8 ASSISTANT ORGANIZING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 272.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2006

Transaction ID: SA11A1.69646

Amount of Each Receipt this Period  
90.88

**C.** Full Name (Last, First, Middle Initial)  
MARIE D. MONRAD

Mailing Address 1240 Peralta Avenue

City State Zip Code  
Berkeley CA 94706

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

Name of Employer Occupation  
AFSCME INT'L ASSOC. DIR. ORGANIZING/FIELD SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 244.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70347

Amount of Each Receipt this Period  
48.88

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 152.76 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
 MARIE D. MONRAD

Mailing Address 1240 Peralta Avenue

City State Zip Code  
 Berkeley CA 94706

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

Name of Employer Occupation  
 AFSCME INT'L ASSOC. DIR. ORGANIZING/FIELD SERVICES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 293.28

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 29 / 2006

**Transaction ID: SA11A1.70802**

Amount of Each Receipt this Period  
 48.88

**B.** Full Name (Last, First, Middle Initial)  
 GEORGE MONTGOMERY

Mailing Address 6170 Bay Cpunt

City State Zip Code  
 Waterford MI 48327

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

Name of Employer Occupation  
 AFSCME MI CN 25 PARLIAMENTARIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.04

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2006

**Transaction ID: SA11A1.70533**

Amount of Each Receipt this Period  
 33.84

**C.** Full Name (Last, First, Middle Initial)  
 RUTH MONTGOMERY

Mailing Address 6170 BAY COURT

City State Zip Code  
 WATERFORD MI 48327

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

Name of Employer Occupation  
 AFSCME MI CN 25 ADMINISTRATIVE DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.04

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2006

**Transaction ID: SA11A1.70534**

Amount of Each Receipt this Period  
 33.84

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>116.56</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. DOUGLAS MOORE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 79 Putnam Street  |   | <b>Transaction ID: SA11A1.70349</b>                        |
| City San Francisco  | State CA                                  | Zip Code 94110   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>41.56                |
| Name of Employer AFSCME INT'L   | Occupation ASSISTANT TO REGIONAL DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>207.80        |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DOUGLAS MOORE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 79 Putnam Street  |   | <b>Transaction ID: SA11A1.70805</b>                        |
| City San Francisco  | State CA                                  | Zip Code 94110   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>41.56                |
| Name of Employer AFSCME INT'L   | Occupation ASSISTANT TO REGIONAL DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>249.36        |  |

|   |                                     |  |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PATRICK G MORAN</b>  |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 415 U Street, NW  |                                     | <b>Transaction ID: SA11A1.70808</b>                        |
| City Washington   | State DC                            | Zip Code 20001   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>36.62                |
| Name of Employer AFSCME INT'L   | Occupation AREA ORGANIZING DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>219.72  |  |

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|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 119.74 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 65 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

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|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL B MORRELL</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 8446 Grafton Ave S  |   | <b>Transaction ID: SA11A1.70011</b>                        |  |
| City State Zip Code<br>Cottage Grove MN 55016   | Amount of Each Receipt this Period<br>75.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME MN CN 5  | Occupation<br>STAFF REPRESENTATIVE          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PATRICIA MOSS</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 9583 DUCAN PLAINS ROAD  |  | <b>Transaction ID: SA11A1.69648</b>                        |  |
| City State Zip Code<br>JOHNSTOWN OH 43031-9305  | Amount of Each Receipt this Period<br>118.46 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>PRESIDENT                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>381.38           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PATRICIA MOSS</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 9583 DUCAN PLAINS ROAD  |   | <b>Transaction ID: SA11A1.70706</b>                        |  |
| City State Zip Code<br>JOHNSTOWN OH 43031-9305  | Amount of Each Receipt this Period<br>13.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>PRESIDENT                     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>394.38          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 206.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 66 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LAWRENCE MURIN</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 500 N. 26TH STREET  |  | <b>Transaction ID: SA11A1.70259</b>                      |  |
| City State Zip Code<br>READING PA 19606   |  | Amount of Each Receipt this Period<br>68.46              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME PA CN 13 ASSISTANT DIRECTOR   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>205.38                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DENNIS NAUSS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 21 / 2006 |  |
| Mailing Address 1015 WASHINGTON   |  | <b>Transaction ID: SA11A1.70536</b>                      |  |
| City State Zip Code<br>BRIGHTON MI 48116-1321   |  | Amount of Each Receipt this Period<br>33.68              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME MI CN 25 STAFF SPECIALIST   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>202.08                       |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JAMES NEBLETT</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 21 / 2006 |  |
| Mailing Address 17635 GREENVIEW   |  | <b>Transaction ID: SA11A1.70537</b>                      |  |
| City State Zip Code<br>DETROIT MI 48219   |  | Amount of Each Receipt this Period<br>33.55              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME MI CN 25 ADMINISTRATIVE DIRECTOR  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>201.30                       |  |

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|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 135.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 67 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |   |
|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL NEWMAN</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |   |
| Mailing Address <b>4031 N. HERMITAGE AVENUE</b>   |   | <b>Transaction ID: SA11A1.69924</b>                      |   |
| City <b>CHICAGO</b>   | State <b>IL</b>                         | Zip Code <b>60613</b>                                    | Amount of Each Receipt this Period<br>81.78 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME IL CN 31</b>  | Occupation<br><b>ASSOCIATE DIRECTOR</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.34      |  |   |

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|---|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JAMES B NILAND</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |   |
| Mailing Address <b>2728 Pleasant Ave</b>  |   | <b>Transaction ID: SA11A1.70015</b>                      |   |
| City <b>South Minneapolis</b>   | State <b>MN</b>                           | Zip Code <b>55408</b>                                    | Amount of Each Receipt this Period<br>95.68 |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |   |
| Name of Employer<br><b>AFSCME MN CN 5</b>   | Occupation<br><b>STAFF REPRESENTATIVE</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>287.04        |  |   |

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. BONITA NOLL</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address <b>5859 SHOPE PLACE</b>   |  | <b>Transaction ID: SA11A1.70194</b>                      |   |
| City <b>HARRISBURG</b>  | State <b>PA</b>  | Zip Code <b>17109</b>                                    | Amount of Each Receipt this Period<br>71.48 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |   |
| Name of Employer<br><b>AFSCME PA CN 13</b>  | Occupation<br><b>ASSISTANT DIRECTOR &amp; MTG. COORDINATOR</b> |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.44                             |  |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 248.94 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 68 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LORRAINE M O'HARA</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006                           |
| Mailing Address 5308 Wehawken Road  |                                    | <b>Transaction ID: SA11A1.70351</b><br>Amount of Each Receipt this Period<br>53.73 |
| City State Zip Code<br>Bethesda MD 20816  |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, PEOPLE     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>268.65 |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LORRAINE M O'HARA</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006                           |
| Mailing Address 5308 Wehawken Road  |                                    | <b>Transaction ID: SA11A1.70809</b><br>Amount of Each Receipt this Period<br>53.73 |
| City State Zip Code<br>Bethesda MD 20816  |                                    |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, PEOPLE     |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38 |  |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. RUSSELL K. OKATA</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 16 / 2006                            |
| Mailing Address 1015 Wilder Avenue #203   |                                    | <b>Transaction ID: SA11A1.70416</b><br>Amount of Each Receipt this Period<br>100.00 |
| City State Zip Code<br>Honolulu HI 96822-2655   |                                    |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    |   |
| Name of Employer<br>AFSCME HI LOC 152   | Occupation<br>EXECUTIVE DIRECTOR   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>426.00 |   |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 207.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 69 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RUSSELL K. OKATA</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 1015 Wilder Avenue #203   |  | <b>Transaction ID: SA11A1.70709</b>                      |  |
| City State Zip Code<br>Honolulu HI 96822-2655   |  | Amount of Each Receipt this Period<br>13.00              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME HI LOC 152 EXECUTIVE DIRECTOR   |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>439.00                       |  |

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|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. GERALD OTTEN</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 2905 Evergreen Way  |  | <b>Transaction ID: SA11A1.70810</b>                      |  |
| City State Zip Code<br>Ellicott City MD 21042   |  | Amount of Each Receipt this Period<br>34.58              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L Benefits Manager  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>203.80                       |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LEWIS E PEEPLES</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 12178 St. Andrews Place, Apt. 105   |  | <b>Transaction ID: SA11A1.70812</b>                      |  |
| City State Zip Code<br>Miramar FL 33025   |  | Amount of Each Receipt this Period<br>39.71              |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer Occupation<br>AFSCME INT'L AREA FIELD SERVICES DIRECTOR  |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>238.26                       |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 87.29 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 70 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WILLIE L PELOTE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 351 Ross Way  |  | <b>Transaction ID: SA11A1.70355</b>                        |
| City State Zip Code<br>Sacramento CA 95864  | Amount of Each Receipt this Period<br>45.07        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, POLITICAL ACTION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.35                 |  |

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|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. WILLIE L PELOTE</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 351 Ross Way  |  | <b>Transaction ID: SA11A1.70813</b>                        |
| City State Zip Code<br>Sacramento CA 95864  | Amount of Each Receipt this Period<br>45.07        |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, POLITICAL ACTION |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.42                 |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ELIZABETH PERROW</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 958 N. Harrison Street  |   | <b>Transaction ID: SA11A1.70815</b>                        |
| City State Zip Code<br>Arlington VA 22205   | Amount of Each Receipt this Period<br>35.52       |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT TO JUD. PANEL CHAIRPERSON |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.12                |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 125.66 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 71 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>NICOLE R POLLARD   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 9404 Nicklaus Lane  |   | <b>Transaction ID:</b> SA11A1.70358                        |  |
| City State Zip Code<br>Laurel MD 20708  | Amount of Each Receipt this Period<br>42.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE GENERAL COUNSEL I   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.65          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>NICOLE R POLLARD   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 9404 Nicklaus Lane  |   | <b>Transaction ID:</b> SA11A1.70816                        |  |
| City State Zip Code<br>Laurel MD 20708  | Amount of Each Receipt this Period<br>42.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE GENERAL COUNSEL I   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>256.38          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>GREGORY POWELL   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 13 / 2006 |  |
| Mailing Address 11505 Circle Drive  |   | <b>Transaction ID:</b> SA11A1.70148                        |  |
| City State Zip Code<br>Austin TX 78748  | Amount of Each Receipt this Period<br>40.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME TX LOC 1624  | Occupation<br>VICE PRESIDENT                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00          |  |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 125.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
GREGORY POWELL

Mailing Address 11505 Circle Drive

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78748    |

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>AFSCME TX LOC 1624 | Occupation<br>VICE PRESIDENT |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.70662

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
GREGORY POWELL

Mailing Address 11505 Circle Drive

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| Austin | TX    | 78748    |

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

|  |                              |
|--|------------------------------|
| Name of Employer<br>AFSCME TX LOC 1624 | Occupation<br>VICE PRESIDENT |
|--|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 8 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.70711

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
SALLY A POWLESS

Mailing Address 2410 WESTBROOK DRIVE

|        |       |          |
|--------|-------|----------|
| City   | State | Zip Code |
| TOLEDO | OH    | 43613    |

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

|                                    |                                    |
|------------------------------------|------------------------------------|
| Name of Employer<br>AFSCME OH CN 8 | Occupation<br>LEAD STAFF ORGANIZER |
|------------------------------------|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 239.64

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.69653

Amount of Each Receipt this Period  
79.88

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 164.88 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 73 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
**TERRY REED**

Mailing Address **2737 Yellowrock Place**

City **Hilliard** State **OH** Zip Code **43026**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70817**

Amount of Each Receipt this Period  
**39.71**

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT A REEVES SR.**

Mailing Address **700 North Alameda Street  
 #2-219**

City **Los Angeles** State **CA** Zip Code **90012**

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

Name of Employer **METRO WATER DISTRICT** Occupation **STAFF REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 30 / 2006**

**Transaction ID: SA11A1.70952**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**STEPHEN REGENSTREIF**

Mailing Address **3214 38th Street NW**

City **WASHINGTON** State **DC** Zip Code **20016**

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

Name of Employer **AFSCME INT'L** Occupation **DIRECTOR, RETIREE PROGRAMS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.65**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70360**

Amount of Each Receipt this Period  
**53.73**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>103.44</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 74 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. STEPHEN REGENSTREIF</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address <b>3214 38th Street NW</b>  |   | <b>Transaction ID: SA11A1.70818</b>                      |
| City <b>WASHINGTON</b>  | State <b>DC</b>                                 | Zip Code <b>20016</b>                                    |
| Amount of Each Receipt this Period<br>53.73   |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br><b>AFSCME INT'L</b>   | Occupation<br><b>DIRECTOR, RETIREE PROGRAMS</b> |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38              |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DIANE RIGOTTI</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 21 / 2006 |
| Mailing Address <b>304 E. MAPLE ROAD</b>  |   | <b>Transaction ID: SA11A1.70538</b>                      |
| City <b>BANCROFT</b>  | State <b>MI</b>   | Zip Code <b>48414</b>                                    |
| Amount of Each Receipt this Period<br>38.10   |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br><b>AFSCME MI CN 25</b>  | Occupation<br><b>SPECIAL ASSISTANT TO THE PRESIDENT</b> |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>228.60                      |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. THOMAS J. RITCHIE, JR.</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 02 / 2006 |
| Mailing Address <b>1644 SPAULDING ROAD</b>  |  | <b>Transaction ID: SA11A1.69656</b>                      |
| City <b>DAYTON</b>  | State <b>OH</b>                        | Zip Code <b>45432</b>                                    |
| Amount of Each Receipt this Period<br>90.12   |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br><b>AFSCME OH CN 8</b>   | Occupation<br><b>REGIONAL DIRECTOR</b> |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.36     |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | <b>181.95</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 75 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. RAY RIVERA</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2006 |
| Mailing Address 550 E 12th Avenue Apt# 1905   |  | Transaction ID: SA11A1.70654                             |
| City State Zip Code<br>Denver CO 80203  | Amount of Each Receipt this Period<br>100.00 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |
| Name of Employer<br>AFSCME CO CN 76   | Occupation<br>FIELD ORGANIZER                |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00           |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. CLAUDIA ROBERSON</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |
| Mailing Address 7340 S. YATES 2ND FLOOR   |   | Transaction ID: SA11A1.69920                             |
| City State Zip Code<br>CHICAGO IL 60649   | Amount of Each Receipt this Period<br>81.78 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>REGIONAL DIRECTOR             |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>245.34          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LYNN ANN RODENHUIS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 9135 Cowenton Avenue  |   | Transaction ID: SA11A1.70824                             |
| City State Zip Code<br>Perry Hall MD 21128  | Amount of Each Receipt this Period<br>36.62 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AREA ORGANIZING DIRECTOR      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>214.82          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 218.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 76 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. LAWRENCE ROEHRIG</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 06 / 2006 |
| Mailing Address 3206 BRANDON STREET   |   | <b>Transaction ID: SA11A1.69855</b>                      |
| City State Zip Code<br>FLINT MI 48504   | Amount of Each Receipt this Period<br>49.98 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME MI CN 25   | Occupation<br>SECRETARY - TREASURER         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>249.90          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LAWRENCE ROEHRIG</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 21 / 2006 |
| Mailing Address 3206 BRANDON STREET   |   | <b>Transaction ID: SA11A1.70539</b>                      |
| City State Zip Code<br>FLINT MI 48504   | Amount of Each Receipt this Period<br>49.98 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME MI CN 25   | Occupation<br>SECRETARY - TREASURER         |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>299.88          |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ETHAN ROME</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 1414 17th Street NW, Apt. 603   |   | <b>Transaction ID: SA11A1.70365</b>                      |
| City State Zip Code<br>WASHINGTON DC 20036  | Amount of Each Receipt this Period<br>62.63 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, PUBLIC AFFAIRS      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>309.51          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 162.59 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 77 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>ETHAN ROME<br>Mailing Address 1414 17th Street NW, Apt. 603<br>City State Zip Code<br>WASHINGTON DC 20036<br>FEC ID number of contributing federal political committee. <b>C</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006<br><b>Transaction ID:</b> SA11A1.70825<br>Amount of Each Receipt this Period<br>62.63 |
| Name of Employer Occupation<br>AFSCME INT'L DIRECTOR, PUBLIC AFFAIRS<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 372.14 |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>C. J. ROSS<br>Mailing Address 6496 APPLE TREE COURT<br>City State Zip Code<br>MANASSAS VA 21230-3870<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 27 / 2006<br><b>Transaction ID:</b> SA11A1.70655<br>Amount of Each Receipt this Period<br>56.00 |
| Name of Employer Occupation<br>AFSCME MD CN 67 ADMINISTRATOR<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 249.00  |  |  |

|  |  |   |
|--|--|---|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>JOSEPH RUGOLA<br>Mailing Address 4771 POWDERHORN LANE<br>City State Zip Code<br>WESTERVILLE OH 43081<br>FEC ID number of contributing federal political committee. <b>C</b>     |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 03 / 2006<br><b>Transaction ID:</b> SA11A1.69779<br>Amount of Each Receipt this Period<br>120.00 |
| Name of Employer Occupation<br>AFSCME OH LOC 4 EXECUTIVE DIRECTOR<br>Receipt For: Aggregate Year-to-Date ▼<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ 386.00 |  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>238.63</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 78 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. JOSEPH RUGOLA</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 28 / 2006 |
| Mailing Address 4771 POWDERHORN LANE  |                                    | Transaction ID: SA11A1.70714                        |
| City WESTERVILLE  | State OH                           | Zip Code 43081                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>13.00         |
| Name of Employer AFSCME OH LOC 4  | Occupation EXECUTIVE DIRECTOR      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>399.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. JODI R SAKOL</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 14 / 2006 |
| Mailing Address 1511 22nd Street NW Apt 23  |   | Transaction ID: SA11A1.70367                        |
| City Washington   | State DC                                      | Zip Code 20037                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>47.58         |
| Name of Employer AFSCME INT'L   | Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>237.90            |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. JODI R SAKOL</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 29 / 2006 |
| Mailing Address 1511 22nd Street NW Apt 23  |   | Transaction ID: SA11A1.70827                        |
| City Washington   | State DC                                      | Zip Code 20037                                      |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>47.58         |
| Name of Employer AFSCME INT'L   | Occupation ASSOCIATE DIRECTOR, PUBLIC AFFAIRS |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>285.48            |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 108.16 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 79 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. WILLIAM SARVER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 1804 S. COUNTRY CLUB ROAD   |   | <b>Transaction ID: SA11A1.69934</b>                        |  |
| City State Zip Code<br>DECATUR IL 62521   | Amount of Each Receipt this Period<br>72.94 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME IL CN 31   | Occupation<br>BUSINESS MANAGER              |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>218.82          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. LEE ALAN SAUNDERS</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 7510 Alaska Avenue NW   |  | <b>Transaction ID: SA11A1.70369</b>                        |  |
| City State Zip Code<br>WASHINGTON DC 20012  | Amount of Each Receipt this Period<br>81.85    |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE ASSISTANT TO PRESIDENT |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>409.25             |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LEE ALAN SAUNDERS</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 7510 Alaska Avenue NW   |  | <b>Transaction ID: SA11A1.70829</b>                        |  |
| City State Zip Code<br>WASHINGTON DC 20012  | Amount of Each Receipt this Period<br>81.85    |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE ASSISTANT TO PRESIDENT |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>491.10             |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 236.64 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 80 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. BELINDA C SAVERINO</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 11007 Pompey Drive  |   | <b>Transaction ID: SA11A1.70370</b>                        |
| City State Zip Code<br>Upper Malboro MD 20772   | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>40.03                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE OFFICE ADMINISTRATOR                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.15                              |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. BELINDA C SAVERINO</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 11007 Pompey Drive  |   | <b>Transaction ID: SA11A1.70830</b>                        |
| City State Zip Code<br>Upper Malboro MD 20772   | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>40.03                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE OFFICE ADMINISTRATOR                    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>240.18                              |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LAWRENCE SCANLON</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 1108 Duke Street  |   | <b>Transaction ID: SA11A1.70371</b>                        |
| City State Zip Code<br>Alexandria VA 22314-3514   | FEC ID number of contributing federal political committee.<br>C | Amount of Each Receipt this Period<br>62.63                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>DIRECTOR, POLITICAL ACTION                        |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>313.15                              |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 142.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 81 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
LAWRENCE SCANLON

Mailing Address 1108 Duke Street

City State Zip Code  
Alexandria VA 22314-3514

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

Name of Employer Occupation  
AFSCME INT'L DIRECTOR, POLITICAL ACTION

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.78

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: SA11A1.70831

Amount of Each Receipt this Period  
62.63

**B.** Full Name (Last, First, Middle Initial)  
PETER SCHMALZ

Mailing Address 1227 N. RIDGELAND

City State Zip Code  
OAK PARK IL 60302

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

Name of Employer Occupation  
AFSCME IL CN 31 REGIONAL DIRECTOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 214.14

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2006

Transaction ID: SA11A1.69938

Amount of Each Receipt this Period  
71.38

**C.** Full Name (Last, First, Middle Initial)  
JAMES SCHMITZ

Mailing Address 15237 Dufief Drive

City State Zip Code  
North Potomac MD 20878

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

Name of Employer Occupation  
AFSCME INT'L DIRECTOR, ORGANIZING & FIELD SVCS

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 313.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 14 / 2006

Transaction ID: SA11A1.70372

Amount of Each Receipt this Period  
62.63

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 196.64 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 82 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JAMES SCHMITZ</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 15237 Dufief Drive  |  | Transaction ID: SA11A1.70832                               |
| City North Potomac  | State MD                                     | Zip Code 20878   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>62.63                |
| Name of Employer AFSCME INT'L   | Occupation DIRECTOR, ORGANIZING & FIELD SVCS |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.78           |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. SHELLEY K SEEBERG</b>  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 350 Napa Loop   |                                    | Transaction ID: SA11A1.70833                               |
| City Bismark  | State ND                           | Zip Code 58504   |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>34.69                |
| Name of Employer AFSCME INT'L   | Occupation STAFF REPRESENTATIVE    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>208.14 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JOHN SEFERIAN</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 1425 Foxhall Road NW  |  | Transaction ID: SA11A1.70374                               |
| City WASHINGTON   | State DC                               | Zip Code 20007   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>74.29                |
| Name of Employer AFSCME INT'L   | Occupation CHAIRPERSON, JUDICIAL PANEL |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>371.45     |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 171.61 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 83 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JOHN SEFERIAN</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1425 Foxhall Road NW  |   | <b>Transaction ID: SA11A1.70834</b>                      |  |
| City State Zip Code<br>WASHINGTON DC 20007  | Amount of Each Receipt this Period<br>74.29 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>CHAIRPERSON, JUDICIAL PANEL   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>445.74          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ELIOT A SEIDE</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 300 Hardman Avenue  |   | <b>Transaction ID: SA11A1.70019</b>                      |  |
| City State Zip Code<br>South St. Paul MN 55075  | Amount of Each Receipt this Period<br>84.32 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME MN CN 5  | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>251.28          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. JERRY SERFLING</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 07 / 2006 |  |
| Mailing Address 2388 HIDDEN VALLEY LANE   |   | <b>Transaction ID: SA11A1.70020</b>                      |  |
| City State Zip Code<br>STILLWATER MN 55082  | Amount of Each Receipt this Period<br>67.60 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME MN CN 14   | Occupation<br>ASSISTANT DIRECTOR            |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>202.80          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 226.21 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 84 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|  |  |  |
|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>DOMINIC SGRO<br>Mailing Address 144 STORMER ROAD<br>City INDIANA State PA Zip Code 15701<br>FEC ID number of contributing federal political committee. <b>C</b>       |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006<br><b>Transaction ID:</b> SA11A1.70206<br>Amount of Each Receipt this Period<br>96.00 |
| Name of Employer AFSCME PA CN 13 Occupation REPRESENTATIVE<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 215.08 |  |  |

|  |  |  |
|--|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>ROBERTA J. SKOK<br>Mailing Address 775 TOWNSHIP ROAD #2204<br>City PERRYSVILLE State OH Zip Code 44864<br>FEC ID number of contributing federal political committee. <b>C</b> |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006<br><b>Transaction ID:</b> SA11A1.69660<br>Amount of Each Receipt this Period<br>79.88 |
| Name of Employer AFSCME OH CN 8 Occupation STAFF REPRESENTATIVE<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 239.64    |  |  |

|  |  |  |
|--|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>LARRY SPIVACK<br>Mailing Address 733 S. LOMBARD<br>City OAK PARK State IL Zip Code 60304<br>FEC ID number of contributing federal political committee. <b>C</b>                         |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 07 / 2006<br><b>Transaction ID:</b> SA11A1.69923<br>Amount of Each Receipt this Period<br>71.38 |
| Name of Employer AFSCME IL CN 31 Occupation COLLECTIVE BARGAINING SUPERVISOR<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 214.14 |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 247.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 85 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |   |  |  |
|---|---|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br>KAMALA B SRIKAR  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 9908 Colebrook Avenue   |   | <b>Transaction ID:</b> SA11A1.70838                        |  |
| City State Zip Code<br>Potomac MD 20854   | Amount of Each Receipt this Period<br>34.58 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>MANAGER, MEETING & TRAVEL     |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>207.48          |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>B.</b> Full Name (Last, First, Middle Initial)<br>MARIANNE STEGER  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |  |
| Mailing Address 2930 WOODSON DRIVE  |   | <b>Transaction ID:</b> SA11A1.69663                        |  |
| City State Zip Code<br>HILLIARD OH 43026  | Amount of Each Receipt this Period<br>81.66       |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME OH LOC 11  | Occupation<br>DIRECTOR OF ADMINISTRATIVE SERVICES |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.34                |  |  |

|   |   |  |  |
|---|---|--|--|
| <b>C.</b> Full Name (Last, First, Middle Initial)<br>TIMOTHY J STRECKER   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 1603 E STREET SE  |   | <b>Transaction ID:</b> SA11A1.70908                        |  |
| City State Zip Code<br>WASHINGTON DC 20003  | Amount of Each Receipt this Period<br>39.37 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>PROJECT MANAGER               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>236.22          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 155.61 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |
|--|------------------------------|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 86 / 133                |
|  | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                      | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL E SUKAL</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 852 Darlington Drive  |  | Transaction ID: SA11A1.70382                             |  |
| City State Zip Code<br>Avon IN 46123  | Amount of Each Receipt this Period<br>41.56  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT TO REGIONAL DIRECTOR |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>203.36           |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. MICHAEL E SUKAL</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 852 Darlington Drive  |  | Transaction ID: SA11A1.70910                             |  |
| City State Zip Code<br>Avon IN 46123  | Amount of Each Receipt this Period<br>41.56  |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT TO REGIONAL DIRECTOR |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>244.92           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. MARY SULLIVAN</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 10 / 2006 |  |
| Mailing Address 61 WOODSIDE DRIVE   |   | Transaction ID: SA11A1.70119                             |  |
| City State Zip Code<br>ALBANY NY 12208  | Amount of Each Receipt this Period<br>15.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME NY LOC 1000  | Occupation<br>STAFF REPRESENTATIVE          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00          |  |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 98.12 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 87 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
 MARY SULLIVAN

Mailing Address 61 WOODSIDE DRIVE

City State Zip Code  
 ALBANY NY 12208

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

Name of Employer Occupation  
 AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 290.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 21 / 2006

**Transaction ID:** SA11A1.70517

Amount of Each Receipt this Period  
 15.00

**B.** Full Name (Last, First, Middle Initial)  
 MARY SULLIVAN

Mailing Address 61 WOODSIDE DRIVE

City State Zip Code  
 ALBANY NY 12208

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

Name of Employer Occupation  
 AFSCME NY LOC 1000 STAFF REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 390.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 28 / 2006

**Transaction ID:** SA11A1.70716

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
 JEFFREY TAGGART

Mailing Address 12001 Market Street,  
 Unit 450

City State Zip Code  
 Reston VA 20190

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2006

**Transaction ID:** SA11A1.70383

Amount of Each Receipt this Period  
 45.07

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 160.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 88 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. JEFFREY TAGGART</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 12001 Market Street,<br>Unit 450  |  | <b>Transaction ID: SA11A1.70911</b>                        |
| City Reston   | State VA                                     | Zip Code 20190   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>45.07                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSOCIATE DIRECTOR, ACCOUNTING |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>270.42           |  |

|   |                                    |  |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ROBERT L. THOMPSON</b>   |                                    | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 02 / 2006 |
| Mailing Address 927 GIBBS AVENUE NE   |                                    | <b>Transaction ID: SA11A1.69668</b>                        |
| City CANTON   | State OH                           | Zip Code 44705-1074  |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>79.88                |
| Name of Employer<br>AFSCME OH CN 8  | Occupation<br>REGIONAL DIRECTOR    |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>239.64 |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TAMARA L TOCHER</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 321 E. 19th Street  |  | <b>Transaction ID: SA11A1.70912</b>                        |
| City Olympia  | State WA                                   | Zip Code 98501   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>33.77                |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>AREA FIELD SERVICES DIRECTOR |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>202.62         |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 158.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 89 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

|   |  |  |   |
|---|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. LEIGH TOMLINSON</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 21 / 2006 |   |
| Mailing Address 9743 VERMONTVILLE HWY.  |  | Transaction ID: SA11A1.70544                               |   |
| City DIMONDALE  | State MI                                   | Zip Code 48821   | Amount of Each Receipt this Period<br>34.33 |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |   |
| Name of Employer AFSCME MI CN 25  | Occupation ACCTG. /HUMAN RESOURCE DIRECTOR |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.98         |  |   |

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. KATHLEEN TOPACIO-FLORES</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 14 / 2006 |   |
| Mailing Address 7402 Edmondston Road  |                                       | Transaction ID: SA11A1.70385                               |   |
| City College Park   | State MD                              | Zip Code 20740   | Amount of Each Receipt this Period<br>42.70 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       |  |   |
| Name of Employer AFSCME INT'L   | Occupation ASSISTANT DIRECTOR, PEOPLE |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.50    |  |   |

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. KATHLEEN TOPACIO-FLORES</b>  |                                       | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |   |
| Mailing Address 7402 Edmondston Road  |                                       | Transaction ID: SA11A1.70913                               |   |
| City College Park   | State MD                              | Zip Code 20740   | Amount of Each Receipt this Period<br>43.87 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                       |  |   |
| Name of Employer AFSCME INT'L   | Occupation ASSISTANT DIRECTOR, PEOPLE |  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>257.37    |  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 120.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|  | <input type="checkbox"/> 17             |                              |

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

**A.** Full Name (Last, First, Middle Initial)  
**JOSE VERGARA**

Mailing Address **29231 Eastridge Drive**

City **Lake Forest** State **CA** Zip Code **92630**

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

Name of Employer **METRO WATER DISTRICT** Occupation **STAFF REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 30 / 2006**

**Transaction ID: SA11A1.70953**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**AMANDA VESEY**

Mailing Address **10005 Greene Avenue, NW**

City **Albuquerque** State **NM** Zip Code **87114**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **206.05**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70915**

Amount of Each Receipt this Period  
**34.69**

**C.** Full Name (Last, First, Middle Initial)  
**FLORA M WALKER**

Mailing Address **2492 Ram Crossingway**

City **Henderson** State **NV** Zip Code **89074**

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

Name of Employer **AFSCME INT'L** Occupation **REGIONAL DIRECTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **268.65**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70388**

Amount of Each Receipt this Period  
**53.73**

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>98.42</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 91 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. FLORA M WALKER</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 2492 Ram Crossingway  |   | <b>Transaction ID: SA11A1.70916</b>                        |  |
| City State Zip Code<br>Henderson NV 89074   | Amount of Each Receipt this Period<br>53.73 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>REGIONAL DIRECTOR             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>322.38          |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. DAVID WARRICK</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 27 / 2006 |  |
| Mailing Address 2638 JAY COURT  |  | <b>Transaction ID: SA11A1.70653</b>                        |  |
| City State Zip Code<br>Indianapolis IN 46229  | Amount of Each Receipt this Period<br>180.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME IN CN 62   | Occupation<br>UNION DIRECTOR                 |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>310.00           |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. DAVID WARRICK</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>03 / 28 / 2006 |  |
| Mailing Address 2638 JAY COURT  |   | <b>Transaction ID: SA11A1.70717</b>                        |  |
| City State Zip Code<br>Indianapolis IN 46229  | Amount of Each Receipt this Period<br>65.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME IN CN 62   | Occupation<br>UNION DIRECTOR                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 298.73 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |  |               |
|--|--|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 92 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. VERNON WATKINS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 5736 Showalter Court  |   | <b>Transaction ID: SA11A1.70390</b>                      |
| City State Zip Code<br>Rancho Cucamongo CA 91701  | Amount of Each Receipt this Period<br>66.01         |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE ASST. TO SECRETARY TREASUER |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>330.05                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. VERNON WATKINS</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |
| Mailing Address 5736 Showalter Court  |   | <b>Transaction ID: SA11A1.70918</b>                      |
| City State Zip Code<br>Rancho Cucamongo CA 91701  | Amount of Each Receipt this Period<br>66.01         |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>EXECUTIVE ASST. TO SECRETARY TREASUER |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>396.06                  |  |

|   |   |  |
|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. LONITAM WAYBRIGHT</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |
| Mailing Address 3008 Athens Circle  |   | <b>Transaction ID: SA11A1.70391</b>                      |
| City State Zip Code<br>Bowie MD 20716   | Amount of Each Receipt this Period<br>42.70 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>ASSISTANT DIRECTOR, BENEFITS  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>213.50          |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 174.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
**LONITAM WAYBRIGHT**

Mailing Address **3008 Athens Circle**

City **Bowie** State **MD** Zip Code **20716**

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

Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR, BENEFITS**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **256.20**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70919**

Amount of Each Receipt this Period  
**42.70**

**B.** Full Name (Last, First, Middle Initial)  
**DAVID G WEDDING**

Mailing Address **2737 Gainborough Drive**

City **San Marino** State **CA** Zip Code **91108**

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

Name of Employer **METRO WATER DISTRICT** Occupation **STAFF REPRESENTATIVE**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 30 / 2006**

**Transaction ID: SA11A1.70954**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**LARRY P WEINBERG**

Mailing Address **1730 Chesterford Way**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer **AFSCME INT'L** Occupation **GENERAL COUNSEL**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **409.25**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70393**

Amount of Each Receipt this Period  
**81.85**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>134.55</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 94 / 133                |
|  | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|  | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|  | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|  |   | <input type="checkbox"/> 15  |
|  |   | <input type="checkbox"/> 16  |
|  |   | <input type="checkbox"/> 17  |

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

**A.** Full Name (Last, First, Middle Initial)  
**LARRY P WEINBERG**

Mailing Address **1730 Chesterford Way**

City **McLean** State **VA** Zip Code **22101**

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

Name of Employer **AFSCME INT'L** Occupation **GENERAL COUNSEL**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **491.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70921**

Amount of Each Receipt this Period  
**81.85**

**B.** Full Name (Last, First, Middle Initial)  
**WILLIAM WILKINSON**

Mailing Address **5272 Bradgen Court**

City **Springfield** State **VA** Zip Code **22151**

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

Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR, RESEARCH**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **207.80**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 14 / 2006**

**Transaction ID: SA11A1.70394**

Amount of Each Receipt this Period  
**41.56**

**C.** Full Name (Last, First, Middle Initial)  
**WILLIAM WILKINSON**

Mailing Address **5272 Bradgen Court**

City **Springfield** State **VA** Zip Code **22151**

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

Name of Employer **AFSCME INT'L** Occupation **ASSISTANT DIRECTOR, RESEARCH**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.36**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 29 / 2006**

**Transaction ID: SA11A1.70922**

Amount of Each Receipt this Period  
**41.56**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>164.97</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

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

|  |   |               |
|--|---|---------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 95 / 133 |
|  | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |               |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

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

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. MICHAEL WILLIAMS</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 29 / 2006 |  |
| Mailing Address 6800 Fleetwood Rd.<br>Apt. 1118   |  | <b>Transaction ID: SA11A1.70924</b>                      |  |
| City State Zip Code<br>McLean VA 22101  | Amount of Each Receipt this Period<br>39.24    |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |  |  |
| Name of Employer<br>AFSCME INT'L  | Occupation<br>Special Asst. to Secry-Treasurer |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>235.44             |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ALLAN WINEY</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address 765 MOUNT AIRY ROAD   |   | <b>Transaction ID: SA11A1.70201</b>                      |  |
| City State Zip Code<br>LEWISBERRY PA 17339  | Amount of Each Receipt this Period<br>68.46 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>ASSISTANT BUSINESS MANAGER    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>205.38          |  |  |

|   |   |  |  |
|---|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. ROY WISE</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>03 / 14 / 2006 |  |
| Mailing Address R. D. 1, BOX 567A   |   | <b>Transaction ID: SA11A1.70210</b>                      |  |
| City State Zip Code<br>EAST FREEDOM PA 16637  | Amount of Each Receipt this Period<br>96.00 |  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |  |  |
| Name of Employer<br>AFSCME PA CN 13   | Occupation<br>DIRECTOR                      |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>288.00          |  |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 203.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 96 / 133               |                             |
|  | (check only one)             |                              |                             |                             |
| <input checked="" type="checkbox"/> 11a                                | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

**A.** Full Name (Last, First, Middle Initial)  
 PETER WRIGHT

Mailing Address 28 WASHINGTON STREET

City State Zip Code  
**MARBLEHEAD MA 01945**

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

Name of Employer Occupation  
 AFSCME MA CN 93 DIRECTOR POLITICAL ACTION & LEGIS.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2006**

Transaction ID: SA11A1.69900

Amount of Each Receipt this Period  
 70.00

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>70.00</b>    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>15665.02</b> |



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

|  |                              |  |
|--|------------------------------|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 97 / 133                          |
|  | (check only one)             |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 12 |
|  |                              | <input type="checkbox"/> 15            |
|  |                              | <input type="checkbox"/> 16            |
|  |                              | <input type="checkbox"/> 17            |

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

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

Mailing Address PO BOX 2882  
CHURCH STREET STATION

City State Zip Code  
NEW YORK NY 10007

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
169392.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 08 / 2006

Transaction ID: SA12.70126

Amount of Each Receipt this Period  
35419.64

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

Mailing Address PO BOX 2882  
CHURCH STREET STATION

City State Zip Code  
NEW YORK NY 10007

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
171392.41

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 21 / 2006

Transaction ID: SA12.70569

Amount of Each Receipt this Period  
2000.00

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 37419.64 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 37419.64 |

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

|  |                              |                              |                             |  |
|--|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 98 / 133               |  |
|  | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a   | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

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

**A.** Full Name (Last, First, Middle Initial)  
**AMALGAMATED BANK**

Mailing Address **15 Union Square**

|                         |                    |                          |
|-------------------------|--------------------|--------------------------|
| City<br><b>New York</b> | State<br><b>NY</b> | Zip Code<br><b>10003</b> |
|-------------------------|--------------------|--------------------------|

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

|   |  |
|---|--|
| Name of Employer  | Occupation                                 |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>2419.21</b> |

Date of Receipt  

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

**Transaction ID: SA17.70961**

Amount of Each Receipt this Period  

|               |
|---------------|
| <b>894.40</b> |
|---------------|

Interest Income 3/06

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>894.40</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>894.40</b> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** AFSCME INTERNATIONAL

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.69561

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

1225.80

**B.** AFSCME INTERNATIONAL

Mailing Address 1625 L STREET NW

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.70994

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

972.44

**C.** AMALGAMATED BANK

Mailing Address 15 Union Square

City New York State NY Zip Code 10003

Purpose of Disbursement  
Interest Payment 3/06

Candidate Name

001  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.69503

Date of Disbursement

03 / 01 / 2006

Amount of Each Disbursement this Period

7594.62

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

9792.86

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 100 / 133

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

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NAME OF COMMITTEE (In Full)

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

|   |  |  |
|---|--|--|
| <p><b>A. B &amp; H ADVERTISING, INC.</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 2241 South Halsted Street</p> <p>City Chicago State IL Zip Code 60608</p> <p>Purpose of Disbursement Merchandise Production Cost</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB21B.70157</b></p> <p>Date of Disbursement</p> <p>03 / 14 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1575.00</p> <p>001<br/>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
|---|--|--|

|   |  |   |
|---|--|---|
| <p><b>B. BART GROUP</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 160 Main Street</p> <p>City Port Washington State NY Zip Code 11050</p> <p>Purpose of Disbursement Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB21B.69562</b></p> <p>Date of Disbursement</p> <p>03 / 03 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>129.57</p> <p>001<br/>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
|---|--|---|

|  |  |   |
|--|--|---|
| <p><b>C. DC TREASURER</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address P.O. Box 601</p> <p>City Washington State DC Zip Code 20044-0601</p> <p>Purpose of Disbursement DC Franchise Tax</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> |  | <p><b>Transaction ID: SB21B.70461</b></p> <p>Date of Disbursement</p> <p>03 / 15 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>614.00</p> <p>001<br/>Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> |
|--|--|---|

|   |                       |
|---|-----------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>2318.57</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

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

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

FOR LINE NUMBER: (check only one)

PAGE 101 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. GARY GORA**

Mailing Address W 22203 Wagner Road

City Trempealeau State WI Zip Code 54661

Purpose of Disbursement

Raffle Cost

Candidate Name

003  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.70211

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. HILTON HARTFORD HOTEL**

Mailing Address 315 Trumbull Street

City Hartford, State CT Zip Code 06103

Purpose of Disbursement

Travel Expense

Candidate Name

002  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.69525

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MALCHOW SCHLACKMAN HOPPEY & COOPER, INC.**

Mailing Address 1101 14th Street, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement

I.E. Mailing - 3/2/06 - FEC Line# 24

Candidate Name

006  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB21B.70572

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

-13681.80

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

-12431.80

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 102 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** US TREASURY

Mailing Address Internal Revenue Service Center

City Cincinnati State OH Zip Code 45999-0012

Purpose of Disbursement  
Federal Corporate Income Tax

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.70462

Date of Disbursement

03 / 15 / 2006

Amount of Each Disbursement this Period

1987.00

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

1987.00

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

1666.63

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 103 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** AMALGAMATED BANK- NonFederal Account

Mailing Address 11-15 Union Square West

City State Zip Code  
New York, NY 10003

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Candidate Name

**008**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB22.70232**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** AMALGAMATED BANK- NonFederal Account

Mailing Address 11-15 Union Square West

City State Zip Code  
New York, NY 10003

Purpose of Disbursement  
Tfr non-fed acct for non-fed activity

Candidate Name

**008**  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID: SB22.70635**

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**60000.00**

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

**60000.00**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 104 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. ALAN MOLLOHAN FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 1343

City FAIRMONT State WV Zip Code 26554-1343

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WV District: 01

Transaction ID: SB23.70679

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. A LOT OF PEOPLE FOR DAVE OBEY**

Mailing Address P. O. BOX 1322

City WAUSAU State WI Zip Code 54402-1322

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.70667

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. AMERICA'S LEADERSHIP PAC**

Mailing Address 607 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70678

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: THE FUND FOR A GREATER AMERICA**

Mailing Address 499 S. Capitol Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70677

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**B. BISHOP FOR CONGRESS**

Mailing Address P. O. BOX 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 01

Transaction ID: SB23.70646

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**C. BLUE DOG PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 7668

City Washington State DC Zip Code 20044

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70675

Date of Disbursement

03 / 27 / 2006

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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|                              |                              |  |                              |                             |                              |
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| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BOB BRADY FOR CONGRESS**

Mailing Address 1827 South Broad Street

City PHILADELPHIA State PA Zip Code 19148-0000

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 01

Transaction ID: SB23.70666

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. BOYD FOR CONGRESS**

Mailing Address PO BOX 15703

City TALLAHASSEE State FL Zip Code 32317

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 02

Transaction ID: SB23.70642

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. BRAD MILLER CONGRESSIONAL CAMPAIGN**

Mailing Address P.O. Box 10322

City Raleigh State NC Zip Code 27605

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NC District: 13

Transaction ID: SB23.70688

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
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| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CARNEY FOR CONGRESS**

Mailing Address P.O. BOX 38

City Dimock State PA Zip Code 18816

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.70612

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. CARPER FOR SENATE**

Mailing Address 240 NORTH JAMES STREET SUITE 100A

City Wilmington State DE Zip Code 19804

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Transaction ID: SB23.70641

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Mailing Address 601 S GLENOAKS BLVD  
SUITE 211

City BURBANK State CA Zip Code 91502

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 39

Transaction ID: SB23.70639

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. CRANLEY FOR CONGRESS**

Mailing Address 37 W 7th St.,  
Suite 804

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.70723

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. DEBBIE WASSERMAN SCHULTZ FOR CONGRESS**

Mailing Address P.O. BOX 71147

City Washington State DC Zip Code 20024

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: FL District: 20

Transaction ID: SB23.70684

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. DEFAZIO FOR CONGRESS**

Mailing Address PO BOX 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OR District: 04

Transaction ID: SB23.70687

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
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| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE**

Mailing Address 120 Maryland Avenue, NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70617

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

15000.00

**B. ELLSWORTH FOR CONGRESS**

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47708

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Transaction ID: SB23.70605

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**C. FEDER FOR CONGRESS**

Mailing Address 1514 Hardwood Lane

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: VA District: 10

Transaction ID: SB23.70632

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

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

25000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS FOR JIM MCDERMOTT**

Mailing Address PO BOX 21786

City SEATTLE State WA Zip Code 98111

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WA District: 07

Transaction ID: SB23.70683

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF BENNIE THOMPSON**

Mailing Address PO BOX 100

City BOLTON State MS Zip Code 39041

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MS District: 02

Transaction ID: SB23.70727

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF DAN MAFFEI**

Mailing Address P. O. BOX 74

City Syracuse State NY Zip Code 13214

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Transaction ID: SB23.70614

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

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

4000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
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| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** FRIENDS OF JIM CLYBURN

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Transaction ID: SB23.70686

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** FRIENDS OF ROSA DELAURO

Mailing Address 49 HUNTINGTON STREET

City NEW HAVEN State CT Zip Code 06511

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CT District: 03

Transaction ID: SB23.70640

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** FRIENDS OF TAMMY DUCKWORTH

Mailing Address 1800 Bolleana Court

City Hoffman Estates State IL Zip Code 60195

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.70626

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
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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. GAY AND LESBIAN VICTORY FUND**

Mailing Address 1705 DESALES STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70669

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. HILDA SOLIS CAMPAIGN**

Mailing Address 405 N. Azusa

City West Covina State CA Zip Code 91790

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 32

Transaction ID: SB23.70638

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. HILLPAC**

Mailing Address 1717 K Street NW #309B

City Washington State DC Zip Code 20036

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70634

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

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

10500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
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| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 509 Madison Ave,  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70676

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**B. INDEPENDENT ACTION PAC**

Mailing Address 1619 13th Street, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70623

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**C. INSLEE FOR CONGRESS**

Mailing Address PO BOX 33027

City SEATTLE State WA Zip Code 98133

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WA District: 01

Transaction ID: SB23.70616

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. JILL DERBY FOR CONGRESS**

Mailing Address P. O. BOX 1901

City Minden State NV Zip Code 89423

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NV District: 02

Transaction ID: SB23.70725

Date of Disbursement

03 / 29 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. KELLAM FOR CONGRESS**

Mailing Address 2384 Princess Anne Road

City Virginia Beach State VA Zip Code 23456

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: VA District: 02

Transaction ID: SB23.70728

Date of Disbursement

03 / 30 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. KEN LUCAS FOR CONGRESS**

Mailing Address P.O. BOX 175765

City Ft. Mitchell State KY Zip Code 41017

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: KY District: 04

Transaction ID: SB23.70606

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

|   |  |  |
|---|--|--|
| <p><b>A. KILROY FOR CONGRESS</b></p> <p>Full Name (Last, First, Middle Initial)<br/>KILROY FOR CONGRESS</p> <p>Mailing Address 929 Harrison Avenue,<br/>Ste 305</p> <p>City Columbus State OH Zip Code 43215</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District: 15</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> SB23.70610<br/><b>Date of Disbursement</b><br/>03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |
|---|--|--|

|   |  |  |
|---|--|--|
| <p><b>B. KIND FOR CONGRESS</b></p> <p>Full Name (Last, First, Middle Initial)<br/>KIND FOR CONGRESS</p> <p>Mailing Address P.O. BOX 184</p> <p>City La Crosse State WI Zip Code 54602-0184</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WI District: 03</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> SB23.70997<br/><b>Date of Disbursement</b><br/>03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>011<br/>Category/<br/>Type</p> |
|---|--|--|

|  |  |  |
|--|--|--|
| <p><b>C. KLOBUCHAR FOR MINNESOTA</b></p> <p>Full Name (Last, First, Middle Initial)<br/>KLOBUCHAR FOR MINNESOTA</p> <p>Mailing Address 1430 Concordia Avenue<br/>P.O. BOX 4146</p> <p>City Saint Paul State MN Zip Code 55104</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MN District: 00</p> <p>Disbursement For: 2006<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> |  | <p><b>Transaction ID:</b> SB23.70608<br/><b>Date of Disbursement</b><br/>03 / 27 / 2006</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>011<br/>Category/<br/>Type</p> |
|--|--|--|

|   |                 |
|---|-----------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p>11000.00</p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LANGEVIN FOR CONGRESS**

Mailing Address 181-A Knight Street

City Warwick State RI Zip Code 02886

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: RI District: 02

Transaction ID: SB23.69862

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. LARSON FOR CONGRESS**

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.70681

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. LINDA STENDER FOR CONGRESS**

Mailing Address 14 E Green Street

City Woodbridge State NJ Zip Code 07095

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District: 07

Transaction ID: SB23.70631

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 117 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address PO BOX 366

City FAIRPORT State NY Zip Code 14450

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NY District: 28

Transaction ID: SB23.70647

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MATHESON FOR CONGRESS**

Mailing Address 677 SOUTH 200 WEST SUITE A

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Transaction ID: SB23.70680

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. MIKE ROSS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 360

City PRESCOTT State AR Zip Code 71857-0360

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: AR District: 04

Transaction ID: SB23.70636

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MOORE FOR CONGRESS**

Mailing Address PO BOX 16646

City MILWAUKEE State WI Zip Code 53216

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: WI District: 04

Transaction ID: SB23.70682

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MOORE FOR CONGRESS**

Mailing Address PO BOX 14631

City SHAWNEY MISSION State KS Zip Code 66285

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: KS District: 03

Transaction ID: SB23.70998

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. NATIONAL STONEWALL DEMOCRATS**

Mailing Address 1325 Massachusetts Ave., #700

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.69859

Date of Disbursement

03 / 07 / 2006

Amount of Each Disbursement this Period

5000.00

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

10500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. NEW HOUSE PAC**

Mailing Address 1225 I STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70624

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**B. PAC TO THE FUTURE**

Mailing Address 499 South Capitol St., SW  
Suite 107

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70674

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**C. PASCHELL FOR CONGRESS INC**

Mailing Address 155 Willowbrook Blvd.  
3rd Floor

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: NJ District: 08

Transaction ID: SB23.70645

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

**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) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 120 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** PEDERSON 2006

Mailing Address 531 East McDowell Road

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: AZ District:

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.70602

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

**B.** PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98199

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
State: WA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.70625

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

**C.** PERLMUTTER FOR CONGRESS

Mailing Address 3440 Youngfield St #264

City Wheat Ridge, State CO Zip Code 80033

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

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

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB23.70603

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

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

11500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. PRAIRIE PAC**

Mailing Address P O BOX 2002

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70673

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. RE-ELECT CONGRESSMAN KUCINICH COMMITTEE**

Mailing Address 3886 N. High Street

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 10

Transaction ID: SB23.70231

Date of Disbursement

03 / 16 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. SEARCHLIGHT LEADERSHIP FUND**

Mailing Address 818 CONNECTICUT AVENUE NW  
SUITE 1100

City WASHINGTON State DC Zip Code 20009

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70670

Date of Disbursement

03 / 27 / 2006

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. SHERMAN FOR CONGRESS**

Mailing Address 4750 Van Nuys Blvd.  
#270

City Sherman Oaks State CA Zip Code 91403

Purpose of Disbursement  
Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Transaction ID: SB23.70637

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. SOUTH DAKOTA DEMOCRATIC PARTY-FEDERAL**

Mailing Address 207 East Capitol

City Pierre State SD Zip Code 57501

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.70619

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. SYNERGY PAC**

Mailing Address 6849 Old Dominion Drive  
Suite 222

City Mc Lean State VA Zip Code 22101

Purpose of Disbursement  
Contribution-PAC

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB23.69857

Date of Disbursement

03 / 07 / 2006

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) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TIM RYAN FOR CONGRESS**

Mailing Address 438 N. Rhodes Avenue

City Niles State OH Zip Code 44446

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District: 17

Transaction ID: SB23.70685

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. TIM WALZ FOR US CONGRESS**

Mailing Address P.O. BOX 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: SB23.70627

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. VAN HOLLEN FOR CONGRESS**

Mailing Address 10605 CONCORD ST, SUITE 202

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Transaction ID: SB23.70644

Date of Disbursement

03 / 27 / 2006

Amount of Each Disbursement this Period

1500.00

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** WETTERLING '06

Mailing Address P.O. BOX 251473

City Woodbury State MN Zip Code 55125

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: MN District: 06

Transaction ID: SB23.70629

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** AMALGAMATED BANK

Mailing Address 15 Union Square

City State Zip Code  
New York NY 10003

Purpose of Disbursement  
Principal Payment 3/06

Candidate Name

009  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB26.69502

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125000.00

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

125000.00

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

125000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 133

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A.** AFSCME Massachusetts Council 93

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108

Purpose of Disbursement Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB28A.70127

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

123.60

Full Name (Last, First, Middle Initial)

**B.** AFSCME Massachusetts Council 93

Mailing Address 8 Beacon Street

City Boston State MA Zip Code 02108

Purpose of Disbursement Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB28A.70128

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

346.36

Full Name (Last, First, Middle Initial)

**C.** GENARA GORDON

Mailing Address 1147 North Leamington

City Chicago State IL Zip Code 60651

Purpose of Disbursement Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: SB28A.70064

Date of Disbursement

03 / 09 / 2006

Amount of Each Disbursement this Period

46.20

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

516.16

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

516.16

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | PAGE 127 / 133<br><br>FOR LINE 13 OF FORM 3X |
|---|--|

NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED** **Transaction ID: SC/10.49758**

|  |  |
|--|--|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>AMALGAMATED BANK | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| Mailing Address 15 Union Square  |  |
| City New York State NY ZIP Code 10003  |  |

|                                       |   |  |
|---------------------------------------|---|--|
| Original Amount of Loan<br>1000000.00 | Cumulative Payment To Date<br>875000.00 | Balance Outstanding at Close of This Period<br>125000.00 |
|---------------------------------------|---|--|

|              |   |                      |                               |   |
|--------------|---|----------------------|-------------------------------|---|
| <b>TERMS</b> | Date Incurred<br>M M D D Y Y Y Y<br>1 0 0 8 2 0 0 4 | Date Due<br>01/19/07 | Interest Rate<br>5.75 % (apr) | Secured:<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------|---|----------------------|-------------------------------|---|

| List All Endorsers or Guarantors (if any) to Loan Source |  |
|--|--|
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial)                  | Name of Employer   |
| Mailing Address  | Occupation   |
| City State ZIP Code                                      | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|  |   |
|--|---|
| <b>SUBTOTALS</b> This Period This Page (optional) ..... ▶  | <input style="width: 100%;" type="text" value="125000.00"/> |
| <b>TOTALS</b> This Period (last page in this line only) ..... ▶  | <input style="width: 100%;" type="text"/>                   |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |   |

**SCHEDULE C (FEC Form 3X)**

**LOANS**

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | PAGE 128 / 133<br><br>FOR LINE 13 OF FORM 3X |
|---|--|

NAME OF COMMITTEE (In Full)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFI-  
 ED** Transaction ID: SC/10.51037

|  |   |
|--|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)<br>AMALGAMATED BANK | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 15 Union Square  |   |
| City New York State NY ZIP Code 10003  |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 1000000.00              | 0.00                       | 1000000.00                                  |

**TERMS**

|                                       |          |               |   |
|---------------------------------------|----------|---------------|---|
| Date Incurred                         | Date Due | Interest Rate | Secured:  |
| M M 1 0<br>D D 2 2<br>Y Y Y Y 2 0 0 4 | 01/19/07 | 5.75 % (apr)  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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

|   |  |
|---|--|
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |
| Full Name (Last, First, Middle Initial) | Name of Employer   |
| Mailing Address                         | Occupation   |
| City State ZIP Code                     | Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/> |

|   |  |
|---|--|
| <b>SUBTOTALS</b> This Period This Page (optional) ..... ▶       | <input style="width: 100%;" type="text" value="100000.00"/>  |
| <b>TOTALS</b> This Period (last page in this line only) ..... ▶ | <input style="width: 100%;" type="text" value="1125000.00"/> |

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Merchandise Production Co-  
sts

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.71142

Amount Incurred This Period

6389.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

6389.80

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Merchandise Production Co-  
sts

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.71141

Amount Incurred This Period

8127.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

8127.75

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
B & H ADVERTISING, INC.

Nature of Debt (Purpose):  
Postage

Mailing Address 2241 South Halsted Street

City State ZIP Code  
Chicago IL 60608

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.71390

Amount Incurred This Period

1371.37

Payment This Period

0.00

Outstanding Balance at Close of This Period

1371.37

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



15888.92

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



3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....



4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

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

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE TYSON ORGANIZATION, INC.

Nature of Debt (Purpose):  
Indepent.Exp.-Automated  
Calls - 3/1/06

Mailing Address 1000 Macon Street,  
Suite 300

City State ZIP Code  
Fort Worth TX 76102

Outstanding Balance Beginning This Period

1966.14

Transaction ID: SD10.69365

Amount Incurred This Period

0.00

Payment This Period

1966.14

Outstanding Balance at Close of This Period

0.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
THE TYSON ORGANIZATION, INC.

Nature of Debt (Purpose):  
Indepent.Exp.-Automated  
Calls - 3/5/06

Mailing Address 1000 Macon Street,  
Suite 300

City State ZIP Code  
Fort Worth TX 76102

Outstanding Balance Beginning This Period

1966.14

Transaction ID: SD10.69366

Amount Incurred This Period

0.00

Payment This Period

1966.14

Outstanding Balance at Close of This Period

0.00

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

0.00

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

15888.92

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED | FEC IDENTIFICATION NUMBER<br><b>C</b> C00011114 |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                     |   |

Full Name (Last, First, Middle, Initial) of Payee  
Malchow Schlackman Hoppey & Cooper, Inc.

Date  
MM / DD / YYYY  
03 / 02 / 2006

Mailing Address  
1101 14th Street, NW

Amount  
13681.80

City State Zip Code  
Washington DC 20005

Transaction ID: SE24.70588  
Office Sought:  House State: TX  
 Senate District: 28  
 Presidential

Purpose of Expenditure  
Mailing - 3/2/06 from  
FEC Line# 21b

Category/  
Type 006

Name of Federal Candidate supported or Opposed by expenditure:  
HENRY CUELLAR

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 55582.35

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
THE TYSON ORGANIZATION, INC.

Date  
MM / DD / YYYY  
03 / 01 / 2006

Mailing Address  
1000 Macon Street,  
Suite 300

Amount  
1966.14

City State Zip Code  
Fort Worth TX 76102

Transaction ID: SE24.70473  
Office Sought:  House State: TX  
 Senate District: 28  
 Presidential

Purpose of Expenditure  
Automated Calls

Category/  
Type 007

Name of Federal Candidate supported or Opposed by expenditure:  
HENRY CUELLAR

Check One:  Support  Oppose

Calendar Year-To-Date Per Election  
for Office Sought 41900.55

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

|   |          |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 15647.94 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... | 0.00     |
| (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 MM / DD / YYYY  
04 / 20 / 2006

# SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br>AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - PEOPLE, QUALIFIED |  | FEC IDENTIFICATION NUMBER<br><b>C</b> C00011114   |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice                     |  |   |
| Full Name (Last, First, Middle, Initial) of Payee<br>THE TYSON ORGANIZATION, INC.                            |  | Date<br>MM / DD / YYYY<br>03 / 05 / 2006  |
| Mailing Address<br>1000 Macon Street,<br>Suite 300   |  | Amount<br>1966.14   |
| City State Zip Code<br>Fort Worth TX 76102   |  | Transaction ID: SE24.70474  |
| Purpose of Expenditure<br>Automated Calls  |  | Office Sought: <input checked="" type="checkbox"/> House State: TX<br><input type="checkbox"/> Senate District: 28<br><input type="checkbox"/> Presidential |
| Category/Type<br>007   |  | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |
| Name of Federal Candidate supported or Opposed by expenditure:<br>HENRY CUELLAR                              |  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2006<br><input type="checkbox"/> Other (specify) : _____     |
| Calendar Year-To-Date Per Election for Office Sought<br>57548.49   |  |   |

|   |                                       |
|---|---------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....   | 1966.14                               |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....   | 0.00                                  |
| (c) TOTAL Independent Expenditures .....  | 17614.08                              |
| 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 MM / DD / YYYY<br>04 / 20 / 2006 |

Image# 26930105275

Form/Schedule: **F3XN**  
Transaction ID:

As of 01/31/06. Our Interest rate increased from 7.500% to 7.750%. This is an adjustable rate loan, no prior reports should be changed.

\*\*\*\*\*